		3,	STAT	E OF MARYLAND	13	7 (1 0	3 3
1 - STATE		DI		EALTH AND MENTAL H	TYGIENE (2)	dia U	1 0	9 7
REGISTRAR			CERTII	ICATE OF DEATH		REG. NO.		
TYPE OF PRINT	FIRST	MIDDLE		AST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	Mary	v		Abrams	1	2/05/82		8:31,
SEX	4.	RACE	S. DATE (& AGE (IN YE	ARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
1 +		W		4-1920		62 YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STA	ATE OF FOREIGN 76	CITIZEN OF WHAT COL	INTRY?	NEVER MARRIED	9 BALTIMOR	E CITY OR COUNTY	OFDEATH	
MARYLA	ND	U. S. A.	WIDOW			timore C	ity	MD.
IL CITY OR TOWN O	F DEATH 11	. NAME OF HOSPITAL,		OR OTHER INSTITUTION		CCUPATION		F BUSINESS OR
Baltimo	re /	John Ho		ospital	11	FOR MOST OF WORKING LIF	E) INDUSTRY	OE.
		HER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)				1 1	. 10-
Mo.	BAL		31.70.	YES NO	? 13e. STREET A		AUE.	
FATHER'S NAME	0.12			15 MOTHER'S MAIDEN		d One	1061	
FIRST	MES P.	DARE	AST	FIRST	RLAIN	LE BUR	DIED LAST	
WAS DECEASED			AL SECURITY NO.	17 INFORMANT		ADDRESS	ICIN-15	
(YES, NO OR UNKNOW	(IF YES, GIVE W	AR OR DATES)	01-9883	M. Space F	- Quan	w- 7818	Oak (Zine.
	DEATH S							
PART I. DEA	TH WAS CAUSED B	4-(1 13/ 1	I A SI	en Daily	4.0		BETWEENC	MATE INTERVAL DISET AND DEATH
4019	IMMEDIATE C	AUSE (a)	Dear DV	of Januar	<u>ac</u>		- Mun	ute)
C 101 1		DUE TO, OR AS A COM	10	noina			had	0
Canditians, if gave rise to	immediate	(b)	More	131011			IPU	1.1
cause (a),	stating the states	DUE TO, OR AS A COM	VSEQUENCE OF	00			7 1	000
		(c)	War !	(h) (l)			12 9	ears.
PARI 2 OTHER	SIGNIFICANT CON	ADITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE	OR CONDITION GIV	EN IN PARTIO	
19a, DATE OF O	DEPATION DE	196. CONDITION FOR	DILL	ist un	CLA	DEV2	WERE FINIRE	
190. DATE OF O	PERATION .	198. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOR		YING CAUSES	
E ACCIDENTAN	AS HAIDSDIVING TO	21b. TIME OF INJURY		In the same of the		NO YE		NO 🗆
OR CONTRIBUTION	CAUSE OF DEATH	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATI	URE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
	Y MEDICAL EXAMINER)	P.M.	19					
21d INJURY OC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK		110	1, 32 6	2		.0	
		attended the deceased	()~	V 25 19 8	10	eos		that (I) (we) last
abave, (1) (-		iew the bady after death	_19_ 6 , or	nd that in (my) (aur) apini	an death accurred	an the date and hav	r and Iram the c	auses stated
775 SIGNATUR	TAADD.	11 0 1	10/2	DEGREE			22c. DATE S	SIGNED
	2 rece	u Th	an	NEP ATTENDING		STAFF PHYSICIAN	112	15/82
22d PHYSICIAN	SNAME (TYPE OR PR	4 4		22e ADDRESS		1.	,	1
8	INP HAD	4. No	an	1.15008 +	100/11	no Has	DIATO	0

PARKWEED GEMETERY OF CREMETORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

7527

23b. DATE

230. BURIAL, CREMATION, REMOVAL

23d LOCATION
CITY OR TOWN
SALTO.

DEG 8 - 1882 John Stranger

STATE

COUNTY

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24	1 - FOR STATE REGISTRAR	DEPARTMI	STATE OF MARYLAND OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		3 1 0 3 6			
	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ITH DAY YEAR 26 HOUR			
noy be poge 3	(TYPE OR PRINT) Martha	R.	ADAMS	December 6	1982 10:25am			
moy pod ;		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HR5.			
- 4 8 5 3 C	Female	White	JAN 13 1908	74	YRS. DAYS HOURS MIN.			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78. BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO				
	1 HOURY TAND		WIDOWED DIVORCED	Baltimore				
201 by the	Baltimore	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD Mary Land Gene	ral Hospital	TYPE OF WORK FOR MOST OF WO	DRKING LIRE) 12b. KIND OF BUSINESS OR INDUSTRY			
AND 21 hour 24 hour hould be	USUAL RESIDENCE IF NURSING - OR OT 130. STATE	HER INSTITUTION, GIVE RESIDENCE BEFORE A	GRE YES NO P	13. STREET ADDRESS 101 Beeching	ed Ave 21228			
MARYL MA MARYL MARYL MARYL MARYL MARYL MARYL MARYL MARYL MARYL MARYL MAR	4. FATHER'S NAME	S. Adams	15. MOTHER'S MAIDEN NAM	BIDDIR SI	Whirtock			
TIMORE To god o	160 WAS DECEASED EVER IN U.S. ARME		17. INFORMANT Ada	ms-PoBox				
BAIL Processing and a second	PART I. DEATH WAS CAUSED I		ory arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
N S S S S S S S S S S S S S S S S S S S	4960 IMMEDIATE	CAOSE (0)						
BSTO thems from co	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE CH	ronic obstructive	pulmonary di	sease			
by the by the other tr	gove rise to immediate cause (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	ICE OF					
to signed the plants of the pl			ATH BUT NOT RELATED TO THE TERM	RMINAL DISEASE OR CONDITION GIVEN IN PART 1/a				
L RECOIL	90. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? 201 IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO			
OF VITA CLAN. Ti g physics entilcote cliftonis med thygine med thygin	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)			
WISION Otherdrin other this of a the but he and the third the	21d INJURY OCCURRED WHILE OT WHILE OF AT WORK	216. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE FAR		CITY OR TOWN	COUNTY STATE			
D TTENDA pitel or TTOR, At TTOR, At TTOR, At TTOR, At 10 of Health	220.1 certify that Xi (this haspital saw the deceased alive on above, (17 we) (did) (did) and Xi	attended the deceased from 0 December 6, 19	82, and that in (my) (Mur) opinion of					
AL OR A y, the Nov. AL DIREC deteched deteched deteched deteched	226. SIGNATURE	Rutkows Ri		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 12/6/82			
D HOSPII Direct by D Funds Wolff by POSTAN	Janice Rutkon		220 ADDRESS c/o Maryla	and General H	ospital			
BP 13	Burial, CREMATION, REMOVAL	12-9-82 23c N	ME OF CEMETERY OR CREMATORY AKLAWN CEMETER	23d LOCATION	- COUPA / STATE			
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FUNERAL DIRECTOR FOLLEY F. H - 6601	Frederick Aresse	21228 1080	15 1982 RAR 25	JEGISTRAR'S SIGNATURE			

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V	VA	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HYCIENE 8 9 3 1 0 7 9
X	re		- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	f 24 eq	Ī	DECEASED NAME FIRS	T MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	a m s		MILDRE	ED J. ALEXADER	12 26 82 9:00 AM
	ou A		. SEX	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Poge 4		FEMALE	White MONTH DAY YEAR	6.5 YRS MONTHS DAYS HOURS MIN.
	od el	11	BIRTHPLACE (STATE OF FOREIG		RAITIMODE CITY OF COUNTY OF DEATH
	death.	0	Virginia	U.S.A. MARRIED NEVER MARRIED DIVORCED	BALTIMORE MD. (MD.
	1 1 A	18	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION 128. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
0	a so	0	BALTIMORE	GOOD SAMARETAN HOSPITA	71 Housewife
212	hou din	5	JSUAL RESIDENCE (IF NURSING HO	OMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	S? 130 STREET ADDRESS REISTERTOWN
AND	hould fill	1	MARYLAND B	ALTIMORE REISTERTOWN YES NO D	58 CARAWAY ROAD MO21136
RYL	erely 42.2	21	FATHER'S NAME	MIDDLE LAST	NAME LAST
W	amp	14	ROY CLAV	rence JENKINS Bev	THA TALBORT
ORE	nd c ges	21	(YES, NO OR UNKNOWN) (IFY	S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ES, GIVE WAR OR DATES)	ADDRESS 58 CARAWAY K
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BAI	hysici papel aval.		18 CAUSE OF DEATH (En	ter anly ane couse per line far (a), (b), and (c).) AUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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NO	deoth c attendir ave carl tion, ar		10-1	DUE TO, OR AS A CONSEQUENCE OF	LUNGS
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×.	by the by the sse rer l, crem other		cause (a), stating the underlying cause last	DUE TO, OK AS A CONSEQUENCE OF	
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DS,	n sign Then to bu			ANT CONDITIONS CONTRIBUTING TO BEATT BUT NOT RELATED TO THE	EKMINAL DISEASE ON CONDITION SIVEN IN FAKT ING
RECORDS	w r bee brid orid	0	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
1 86	S S	1	Ĭ		YES NO YES NO YES NO NO
VII	IAN: The physician rificate hall-transit pol Hygien n. 18 show	5	21a. ACCIDENT WAS UNDERLYIN		CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
9	SICIAN: ng physical certifical uniol-tran lem 18	11	OR CONTRIBUTING CAUSE	OF DEATH	
O N	ending physicians this certifica he buriol-tra nd Mentol Hra dor Hem 18		(IF EITHER, NOTIFY MEDICAL EX.	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
DIVISION OF			WHILE NOT WHILE AT WORK		
	0 a se			hospital) attended the deceased from DEC 5MBER 16, 19.	
	R ATTENDING hospital ar att IRECTOR: After hed far use as the pet: af Health a tem 21 is market		abave,-(L) (we) (did) (did)	to for view the body offer death.	nian death accurred on the date and haur and fram the causes stated
	OR e ho		226. SIGNATURE	DEGREE ATTENDIN	IG MEDICAL STAFF
		1	June	M-D- PHYSICIA	N DIRECTOR PHYSICIAN 12/26/82
	HOSPII ined by Ind be hithe St	/ 1	22d PHYSICIAN'S NAME		
	etained by TO FUNERA should be di with the Sta		1 11 11 11 10		ARITAN HOSPITAL
000	7		3a BURIAL, CREMATION, REMO	Dec. 29,1982 Evergreen Mem. Ga	DRY 23d, LOCATION CITYOR TOWN COUNTY STATE
1190	BP	-	Burial	Dec. 29,1992 Evergreen Mem. G	PATE RECH. BY RESISTAND WHEELEN BY SIGNATURE
(OHMH - 16 50M 4/B2 (VRA 15, 4)		15.00	Owings Milis, Md.	DEC. S. J. Jack J.
	(VKM 13, 4)		1 ht course		

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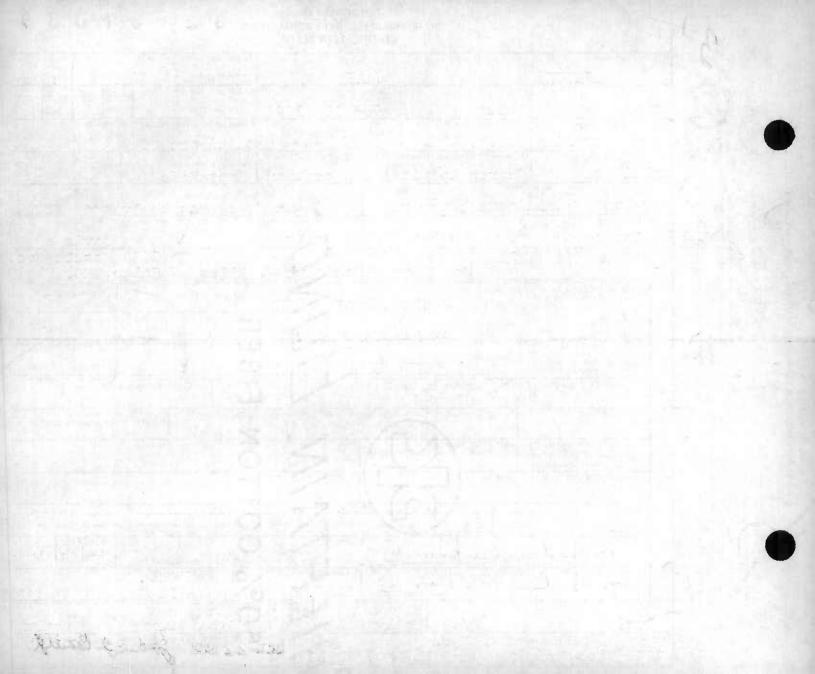
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(VRA 15, 4)

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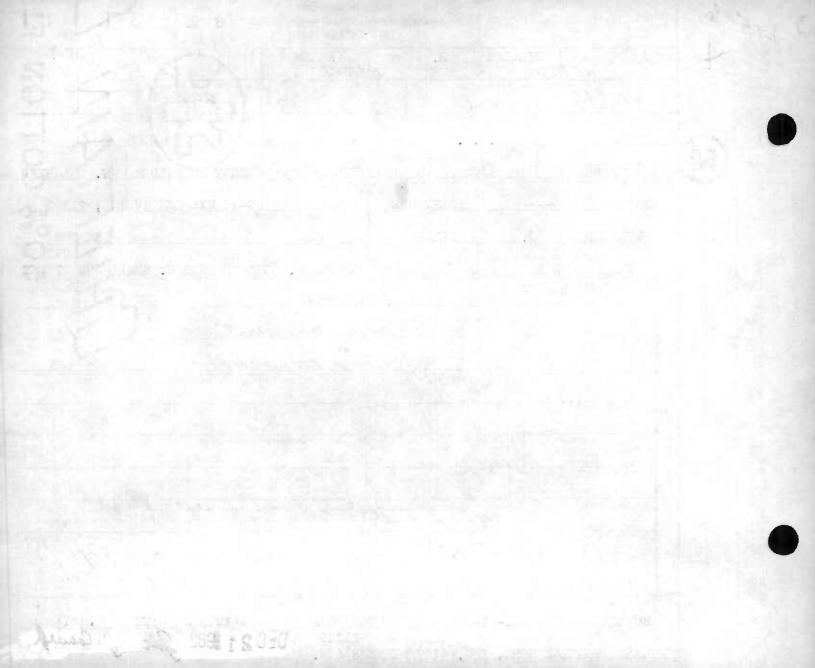
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



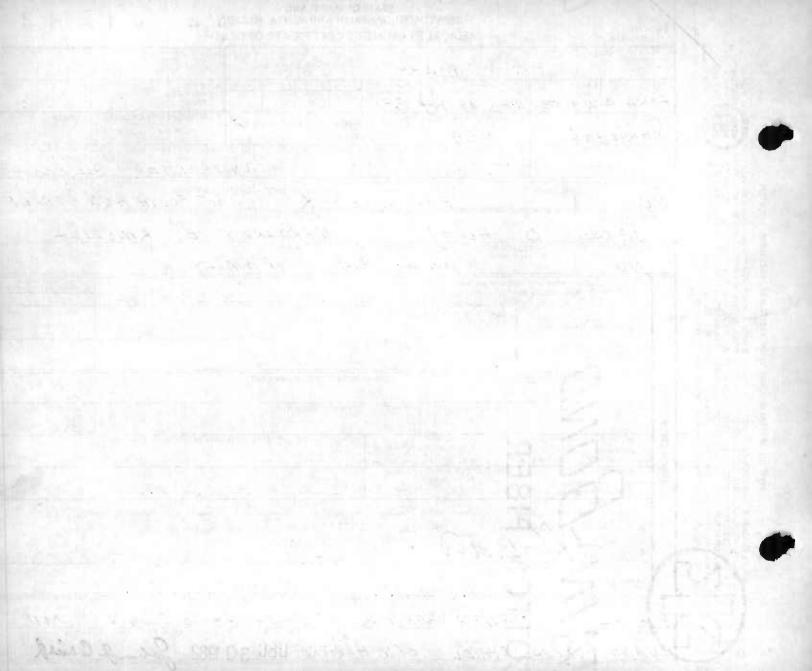
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7	X	1,-	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFICA	ATE OF D	_,,,,,	REG.	NO.			~
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	PLEASE CCTOR. FILES. HOURS TREET,	3. SE	X	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER TYR. IF	UNDER 24 H		ATE	MONTH	DAY		2d. HOUR
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-	1000	To. B	IRTHPLACE (57.		76 CITIZEN OF WI	HAT COUN	ITRY?	8. MARRI	ED NEVER	MARRIED 1	9. BAL	IMORE CIT	Y OR COUN			
	(BARE)	1		Md.	USA			WIDOW			- ·	timore	City	. (MD.
150	1000 D	10 C	ITY OR TOWN C	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOMI	, OR OTH	ER INSTITUTIO	N 120		CUPATION (12b. KIND	OF BUS	INESS
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- 6	SEA SE		AL RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GI		OR TOWN		13d INSIDE CITY L	ните 113е	STREET ADI	DRESS				
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WD.	ST, 2 PM 3 VD 2 VD 2	Į4. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S	MAIDENNA		MIDDLE		LAS		
- W	DEATH GES 1, M. P.M.	P.	John		F.			Sr.		dys			Harri	is		
N ON	A SSORE	160 \	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURIT	Y NO.	17. INFORMAN	NT		ADDRE	amder). N	Τ.	
BALTIMORE	JRS AFTER 8. GIVE PA WITH FOR 1. PAGES DIVISION		No			215	5-72-0	0581	Glad	lys Al	len	702	Clint	on s	St.	
	W T W		18 CAUSE OF	DEATH (Enter on	ly ane cause per line	far (a), (b)	, and (c).)							APPRO	DXIMATE I	NTERVAL ND DEATH
W. PRESTON ST	ALENG SANG		0	- IMAMEDIAT	TE CAUSE (a) ST	ab wo	ound of	ches	st							
STC	IN II IN II		966		DUE TO, OR	AS A CON	ISEQUENCE	OF								
2	트리얼중국병	1		s, if any, which e ta immediate	(b)											
3	O S S S S S S S S S S S S S S S S S S S	1	cause (a) : lying caus	stating the <u>under</u> -	DUE TO, OR	AS A CON	ISEQUENCE	OF								
201	XECUTED W JG! IN PEN JAL EXAMII BURIAL - TR AND MEN ATION, OR				(c)											
RECORDS	HAP BE	7	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO GEATN	BUT NDT RELA	TED TO THE TERM	INAL OISEASE	DR CONDITION GIV	VEN IN PART 1 (a)	ù.					
L C	CUID BE DO WENDING BE MEDICAL CREMA	CERTIFICATION	IN DAVE OF	OBERATION	True course											
	HOULD	\S	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORME	D?				2D AUT	OPSY?	
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	A A A A A A A A A A A A A A A A A A A		SIGNATURE_	Veri	110/X	uni	711/	PVPVK.	D. ASSIS	tant "	MEDICAL EX	AMINER	SIGNI	ED 12	2/29	/82
	MED CUTE CUTE TIMO	4-	EXAMINER'S N	AME	Dennis F.	Smyt	h. M.C).		III P	enn S	†. E	Balto.	MD.		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEARL DIRECTOR: PATER DEATH, WITH THE ST. BALTMORE, MARYLAND, 2	22- 0	(TYPE OR PRIN	ION, REMOVAL 2				/	ADDRESSR CREMATORY							
.111	//		Surial		1/3/83				Cem.	230	LOCATION		cou		STAT	E
100	/BP	24. F	UNERAL DIRECT		-/ 5/ 65	I	ic. At	Dull	25a.	DATE REC'D	-RY RECUST	timor	e, Ma Gistrar's	ryla		
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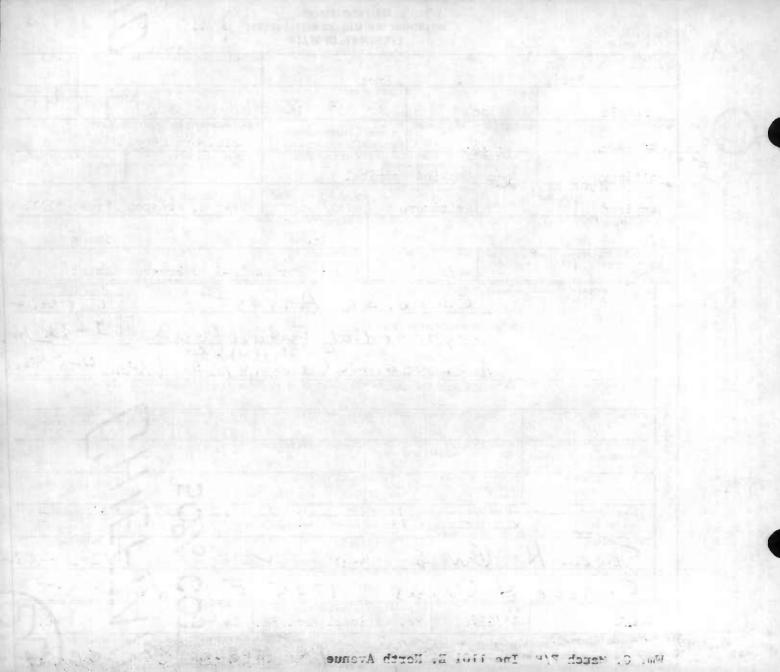
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) ESTI-Patricia Alley DEATH MATED 2d. HOUR 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED 38 24 19 82 6:45F 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS South Ann Street Baltimore UNDERWRITER 13b. COUNTY 13d. INSIDE CITY LIMITS? BALTIMORE 14. FATHER'S NAME PAGES 1, AND 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? LIFYES GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) HIEF MEDICAL EXAMINER ALONG V USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: Gunshot wound of head Weapon: Unspecified DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 196 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES XX VRITING THE WOR! ARDED TO THE CH GE 3 SHOULD BE U TE DEPARTMENT O 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR THE FALL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) 235 SouthAnnStreet, Balto., MD AT WORK AT WORK home 220. I certify that I took charge of the remains described above, held an Inspection Hamicide XX death resulted from# TITLE (SPECIFY) ACTUAL 12/25/82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street Balto MD 21201 (TYPE OR PRINT) Guard M.D. Hormez R. 23d. LOCATION 23s.BURIAL, CREMATION, REMOVAL 23b DATE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5) 20M 4/82





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

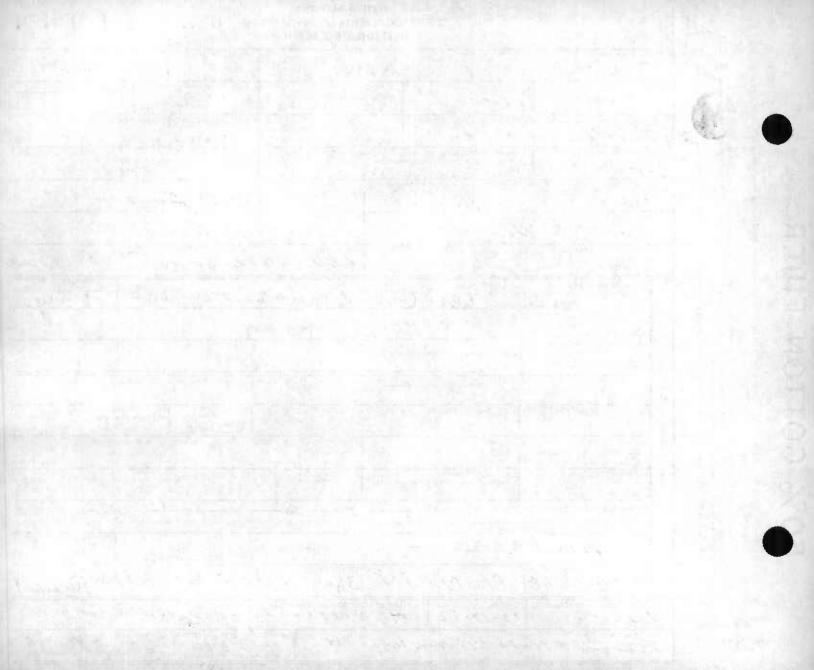
REG. NO

FOR

REGISTRAR

- STATE

(VRA 15. 4)



3	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	EALTH AND	MENTAL HYG	REG	. NO.	1 0	4 5
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours contending physician and completely filled in by the other this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Outlier of them 18 shows any injury, or other traumatic event, the medical examiner myst be to acked or them 18 shows any injury, or other traumatic event, the medical examiner myst be to acked or them.		Canditions, if any gove rise to im cause (a), stati underlying coust	mediate ng the	DUE TO, O	R AS A CON	SEQUENCE OF	46611	- Constant	167601			ENTE
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5 pa 5 de 1		BURIAL, CREMATION	, REMOVAL	23b. DATE		23c NAME OF	CEMETERY O	RCREMATORY	23d LOCATION	1	COUNTY	STATE
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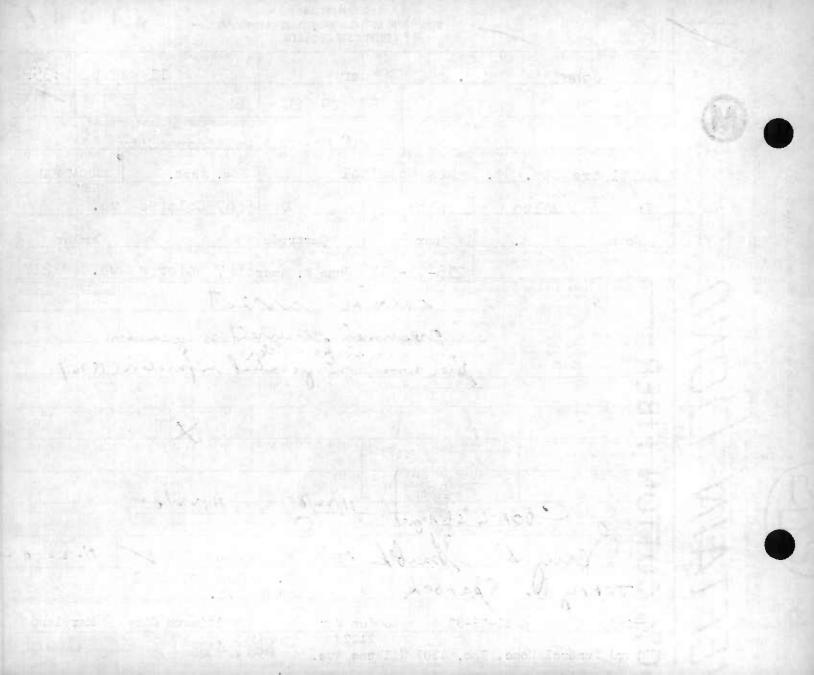
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	10-1	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE 8 2 3	1046
		1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	AY YEAR 26 HOUR
	ge 3	Emmi	tt	Askew	December 17, 198	2 12:25am
	ige 4 may be rectar, page 3 urs after death	3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH	7 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN.
	Jeath. Po	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	WIDOWED DIVORCED	Baltimore City	OF DEATH MD.
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MARYL	omplete and 2	FATHER'S NAME ELDRIDG	MIDDLE ASKE	15. MOTHER'S MAIDE CORA	MARTIN	LAST
ALTIMORE,	be execu		ARMED FORCES? 166 SOCIAL	12738 CLARA	ASKEW 925 S	BELHORD NE
, 201 W. PRESTON ST., 8	equires that the death certificate in signed by the attending physics. Then please remove carbon paper to burial, cremation, ar removal, injury, or other traumatic event, it	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	ma of Lung with Me	etastatic disease	3 months
OF VITAL RECORDS	SICIAN: The law na physician. certificate has bee raid-transit permit. Leantal Hygiene prior them 18 shaws any	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FEITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF	PHY tendi this he bu nd M	OR CONTRIBUTING CAUSE OF THE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211. LOCATION	CITY OR TOWN	COUNTY STATE
	TTENI pital TTOR: for us of He	220.1 certify that X() (this has saw the deceased alive above, VIII/We) (did) (did)	ospital) attended the deceased from December 17.	om November 22, 19 19 82 , and that in (XX(our) op	82 , to December 17, pinion death occurred on the date and hour	and from the causes stated
	by the hos by the hos JERAL DIREC be detached s. State Dept.	22d. Physician's Name (n	aline Ba	DEGREE ATTENDI PHYSICI		22c. DATE SIGNED 12/17/82
	HOS bined bined bold I	Gwendoly	n Bollings, M	I.D. c/o Mary	yland General Hospit	al
010	BP - 16 50M 4/B2	230 BURIAL, CREMATION, REMOVE (SPECIFY) R. A. TATUNERAL DIRECTOR	(AL 236. DATE 2/82	M. HAT 'L MEM. T	ORY 23d. LOCATION AR TOP TOWN OF DATE REC'D. BY REGISTRAR 255, REGIST	SOUNTY MAD .

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

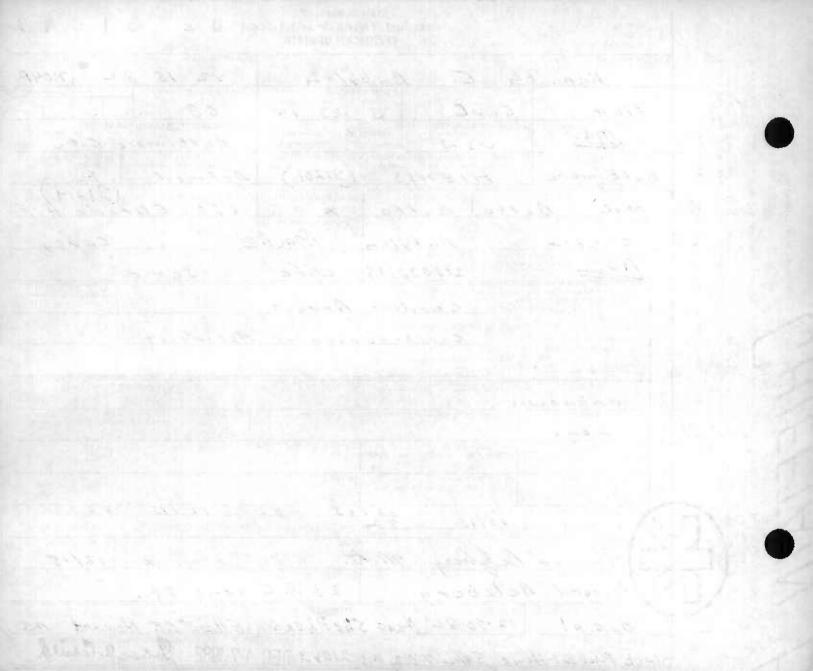


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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



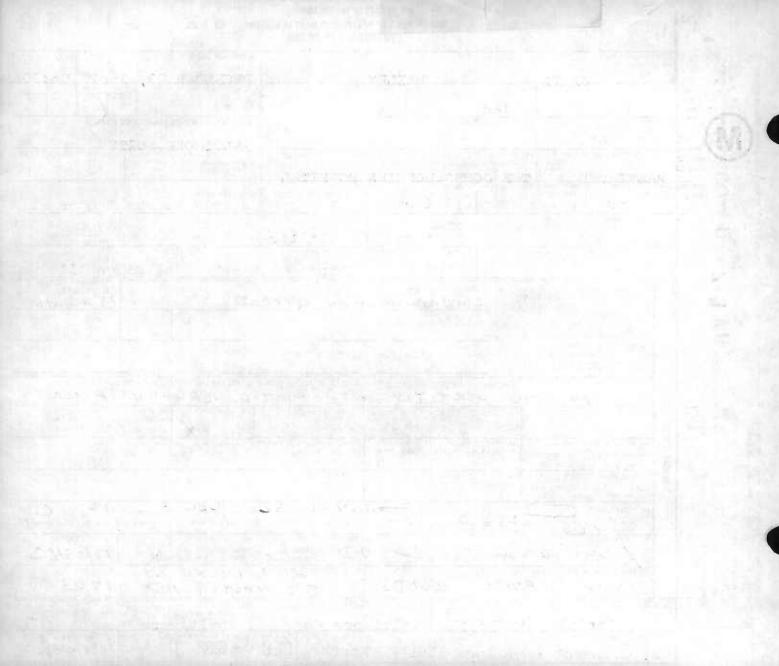
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RDED TO THE CHEE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA 3.3 SHOULD BE USED AS BURIAL. "RANSIT PERMIT. PAGES 1 AND 2. SHOULD EDPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH ROOM 10. PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTNER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO	OFATH BUT NOT REL	ATEO TO THE TERM	INAL OISEASE	OR CONDITION G	GIVEN IN PART 1 (a).						
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	TO MEDICAL EXAMINER: THIS O EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201	4	EXAMINER'S	NAME NT)	Hormez	R. Gua	rd.M.D		ADDRESS	111 Pen	n Stree	t.Balt	imor	re.	MD	
	TO ME EXECU PAGE TO FU	23a.BU	RIAL, CREMAT	TION, REMOVAL		23c.	NAME OF CE	METERY OR	CREMATOR	Y 23d	LOCATION					75
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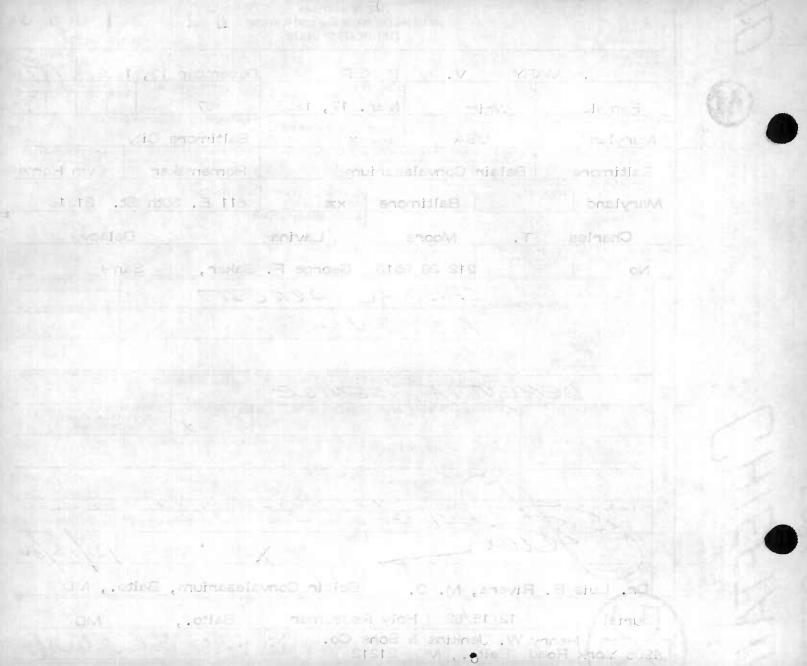
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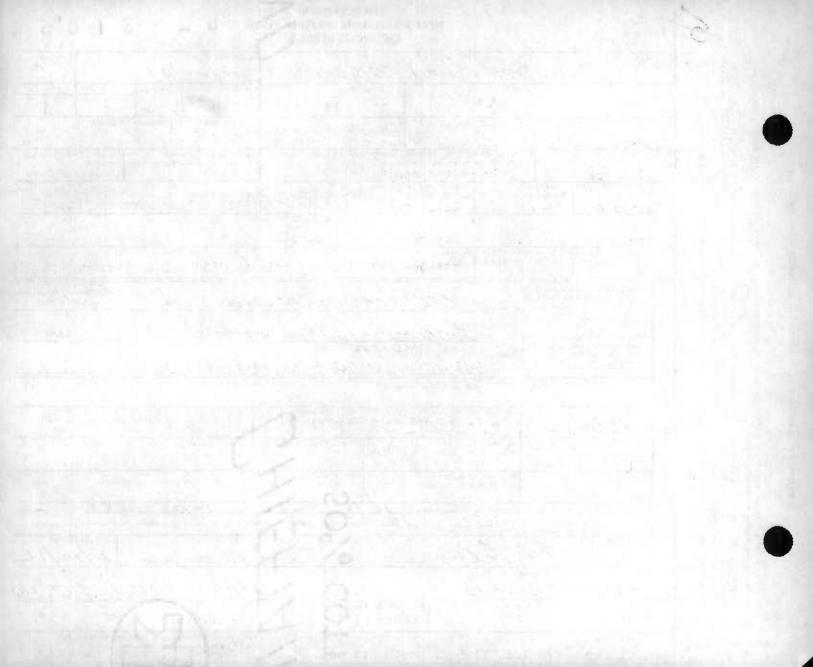
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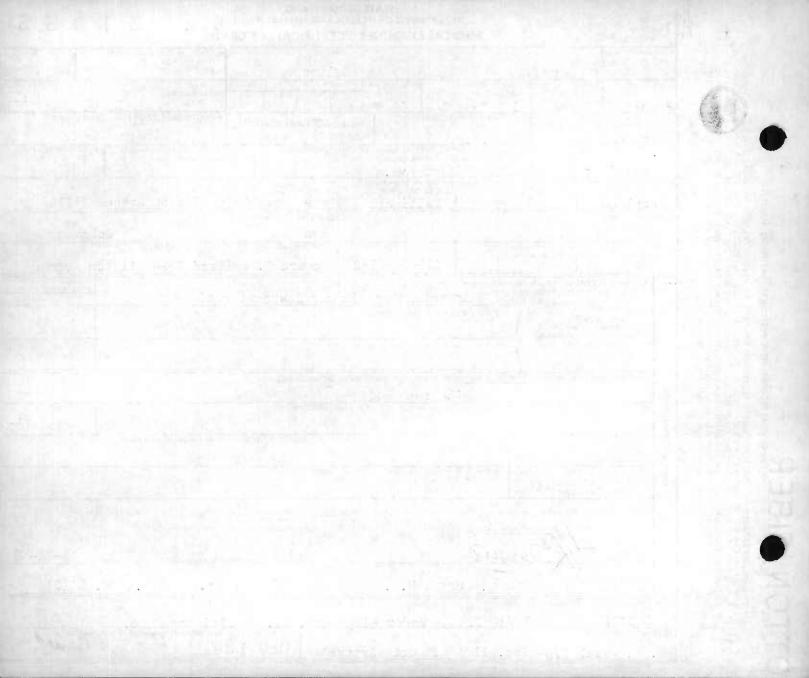
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TTYPE OR PRINT 06:30MA 1982 TAMES BATLEY DECEMBER 03 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) YEAR 260 MONTH Black 08 Male 8 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. South Carolina WIDOWED DIVORCED [BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE 13c. CITY OR TOWN 113b. COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 1632 N. Washington ST. MD YES TX NOF IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Lillie Robert Bailev Graham ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2101 Ridgehill Ave. N/A Lainie Matthews No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY cardiopulmonary arrest 15 minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a PART 2 OTHER SIGNIFICANT CONDITIONS n EGUNGITATION MONTIC 90 DATE OF OPERATION 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 10 P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET MHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 266. NOV 29 sow the deceased alive on DEC 3 abave. (1) we (did) (did not) view the body after death. and that in (my) (our) aginion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED MD DIRECTOR PHYSICIAN SEANINE WOODS BALTIMORE, MD. 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) 12/7/82 Baltimore Cem Baltimore MD Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURED DHMH - 16 50M 4/82 DEC Wm. C. March F/H, Inc. 1101 E. North (VRA 15, 4)

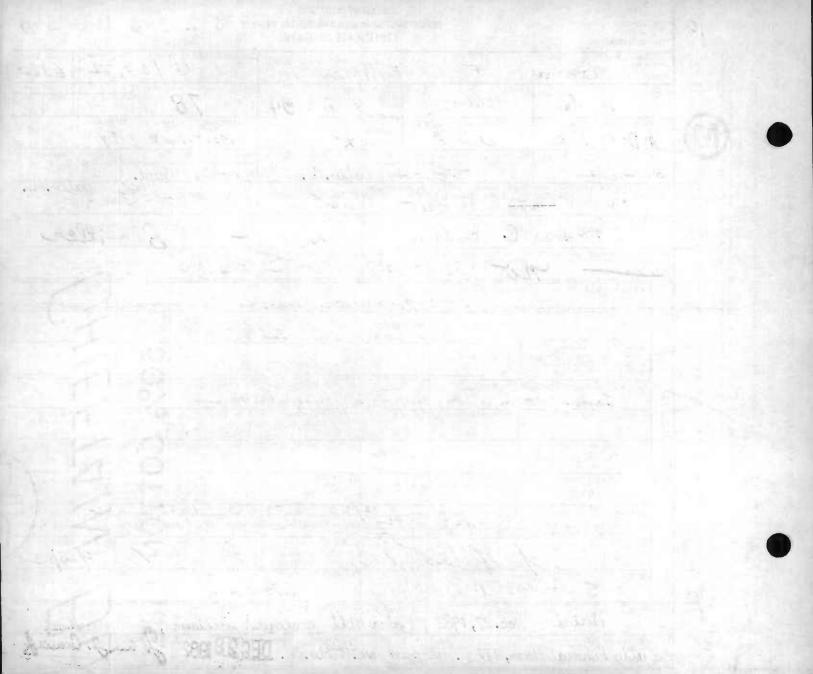








	10	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	3	0 5 6
4 moy be	offer death		TEASED NAME FIRST OR PRINT) George	F RACE Car		Ball 5. DATE O MONTH	F BIRTH YEAR /	20. DATE OF DEATH M 12 6. AGE (IN YEARS LAST BIRTHI	123/82	6:32PM
death. Page	M	5	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	S.A.	WIDOWE	□ NEVER MARRIED □	9 BALTIMORE CITY OR BALTIMO 120 USUAL OCCUPATIO	ore CITY	MD. D OF BUSINESS OR
Durs ofter	1/3	B	altimal AL RESIDENCE (# NURSING HOME OR	(IF NOT IN SUCH F	SBG-A	ADDRESS) B	alto.Md.	(TYPE OF WORK FOR MOST OF	working life) INDUST	
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TIMORE be exect	s. roges	(1				9228	5	Giles MO	536	ROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician. Iter this certificate has been signed by the attending physician and campletely filled in	esse remove corbon pop ol, cremation, or remove ir other traumatic event,		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE WMEDIAT Conditions, if ony, which gave rise to immediate couse (b), stoting the underlying couse last.	DUE TO, OR A	Cardio po AS A CONSEQUE COFF AS A CONSEQUE	ulma NCE OF Went	. , , ,	loes		
ORDS, 3C	t. Then pi or to buri y injury, o	TION		homic	865 tre	etin	e lung di	sousi		
AL REC	piene pri	CERTIFICATION	19g. DATE OF OPERATION		T PHE	OPERATION	WAS PERFORMED	200 AUTOPSY? YES □ NO □	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
SICIAN: rng physic certificat	Mentol Hyg r tem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOT IFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED LENTER HATURE OF INJURY	IN ITEM 18, PART 1 OR PART	2)
DIVISION PHY	as the but th and Mi	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET	T, FACTORY, OFFICE, FA		STREET	CITY OR TOWN		STATE
ATTEND Spital of CTOR: A	for use af Heo n 21 is m		220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	12/	23 19	F2-, on	d that in (my) (our) opinion	deoth occurred on the dot	e ond hour ond from	
TAL OR y the ho	detached tote Dept		226. SIGNATURE	1. H	les	MC	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI	1/ 17	123/82
O HOSPI etained b	should be with the Si IMPORTAN			les M	.0.		22e. ADDRESS	6H.		
53 LBP_	~ > <u>~</u>	L.	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE Dec. 27,		edar 1	METERY OR CREMATORY Hill Cemetery	23d. LOCATION Baltimone	county Man	ryland
OHMH - 16 (VR A	5 25M 15 (4)) 9/74	24. FI	ineral director Cully Funeral H	ome, 237	Pataps	co Ave	2/2350.M. 1	EC 2 8 1982 2	Sb. REGISTRAR'S SIGN	Mohney



10%	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	31057
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
be oge 3 deoth	1,	JOSEP +	Marian	BALONIS		12 10 82 435/pm
e 4 mo	3. SE	× Male	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 2	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ne al du	10.8	IRTHPLACE (STATE OR FOREIGN 71 COUNTRY) MARY LAND	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED		R COUNTY OF DEATH
rs ofter d		BALTIMORE	LIFNOT IN SUCH FACILITY, GIVE STREET	TRYLAND	120. USUAL OCCUPATION Paint Supe	PRODUCTION OF BUSINESS OR INDUSTRY BUILDING UPEN THE BUILDING TO THE BUILDING
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT	other institution, give residence before Y 13c. CITY OR TOW	YES ON NO O		SHBURN AVE.
MARYI ompletel ond 2 s	14. FA	ALEXANDER	BALON		JE MIDDLE	Grodzka
IMORE, o e execut n and co		VAS DECEASED EVER IN U.S. ARM YES, NO OR LINKNOWN; (IF YES, GIVE,	WAR OR DATES) 9 . /		ADDRE e I. Balonis	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physicion. Where this certificate has been signed by the attending physicion and completely filled in by as the burial transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled the ond Mental Hygiene prior to burial, cremotion, or removal.		18. CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED MMEDIATE Conditions, if ohy, which gove rise to immediate couse (a), stating the underlying couse lost.		RENAL FAILL ENCE OF PLEURAL ME	Maria Company	BETWEEN ONSET AND DEATH 3 MONTHS 1 YEAR
low requires so been signed emit. Then plue prior to buring so ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL R. IYSICIAN: The I. ding physicion. is certificate has buriol-tronsif pe Mental Hygiene or frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	YES NO D	YES NO VINITEM 18 PART 1 OR PART 2)
DIVISION DING PHYSI or ottending After this ce te os the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TO	
ATTENDIII Spiral or CTOR: A for use of Health		220.1 certify that (K this haspital sow the decased alive on above, (I) (we) (aid) (did not)			, 10	19 S , that (I) (we) is state and hour and from the causes stated
PITAL OR by the ho IERAL DIRE se detoched Stote Depther		22b. SIGNATURE	,~9	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 1 2 10/82
TO HOSPITAL retoined by fi TO FUNERAL should be det with the Stote		226 PHYSICIAN'S NAME (TYPE OR			ENE ST.	BALTO. MD 21201
CUBL		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	20 20 00	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimor	STATE YTHUOD
(371	24 F	UNERAL DIRECTOR	12-1)-02 N	oly Cross Cemetery Md 250 DA		e A.A. Md 25b. REGISTRAR'S SIGNATURE
DHMH/- 16 50M 4/82		orge J. Gonce 4	001 Ritchie Hi		C 13 1982	John ? Carrell

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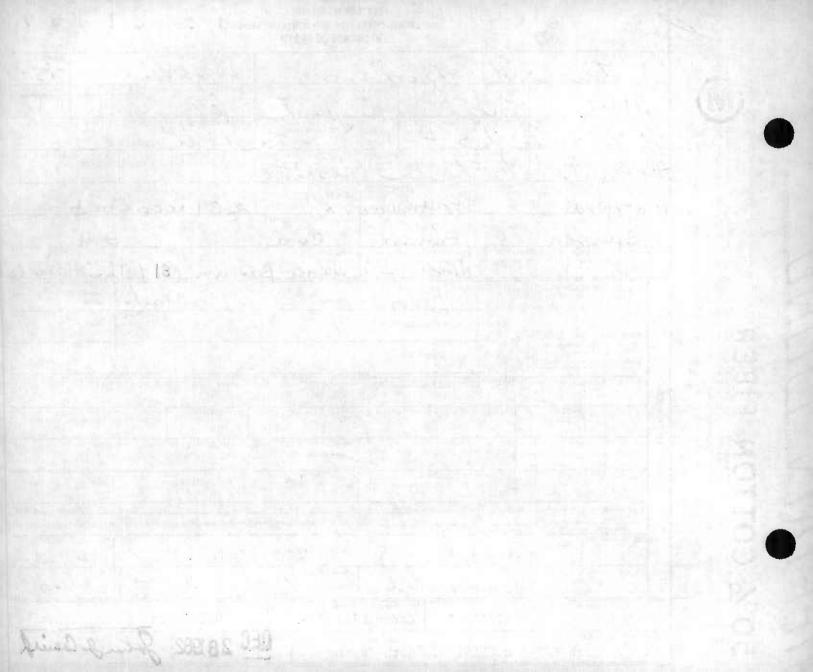
FOR STATE REGISTRAR

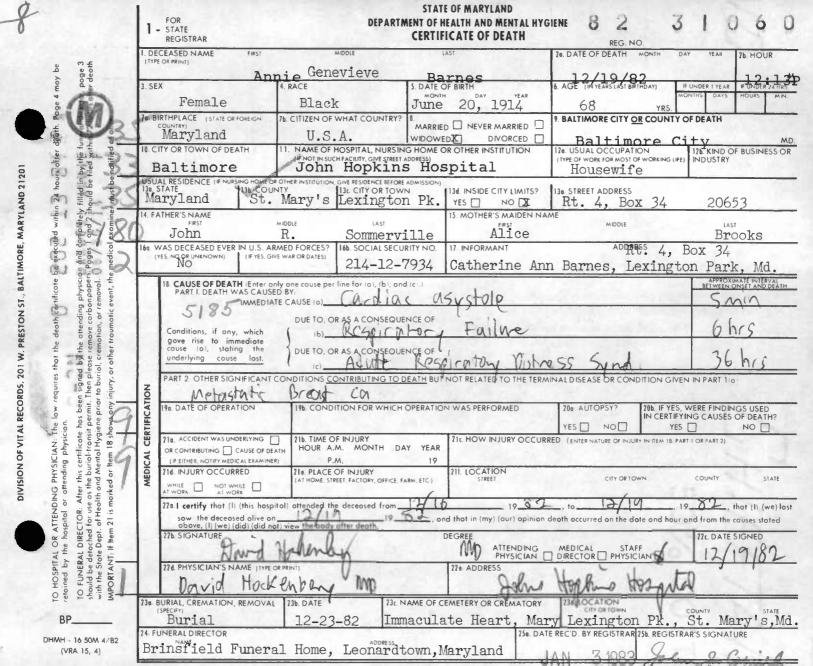
STATE OF MARYLAND DEPARTMENT OF HEALTH AN CERTIFICATE OF

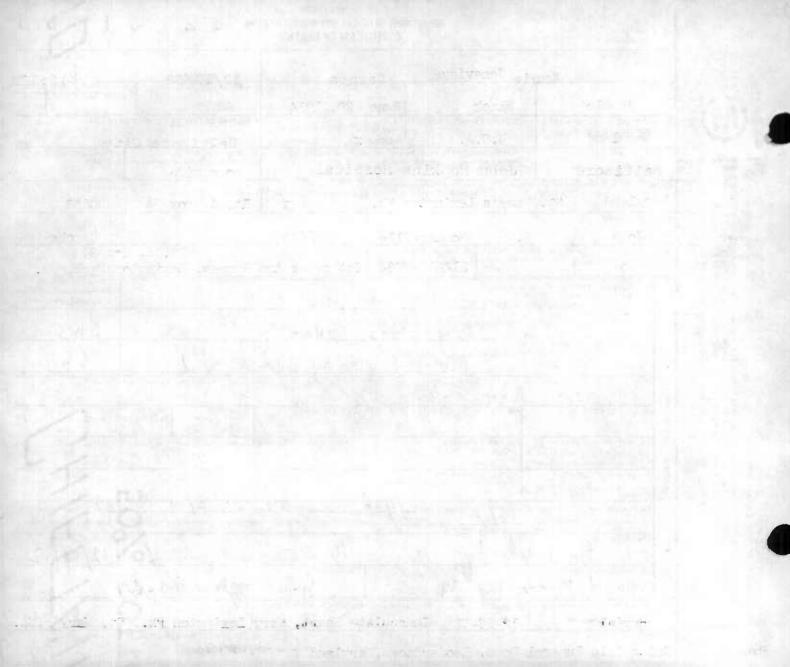
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	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER	1 YE AR	IF UNDER	24 HRS
2 /T	69	YRS.	NONTHS	DAYS	HOURS	MIN.
	9 BALTIMORE CITY OF	COUNTY	OF DEA	TH		
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ED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	EN IN PA	ART 1(a		
ORMED	20a AUTOPSY?	20b. IF YES.				
	YES NOT	IN CERTIFY	YING CA			
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II-JOKT OCCORR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PA	ART I OR P	ART 2)		
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EET	CITY OR TOW	/N	COUN	AIA	5	TATE

		CEASED NAME FIRST	MIDDLE	f) LAST		20.	DATE OF DEATH	HINOM	DAY YE	AR	26 HQU	IR .
		Lemos	yel 30	who	m		12/23/8	2			8/25	FAM
	3. SE	×M-0.	RACE	5. DATE OF	BIRTH YEA		AGE TIN YEARS LAST BIRT	_	IF UNDER 1	YE AR	IF UNDER	24 HRS MIN.
		Mace "	BLACK	10	12/	7	69	YRS.				
-		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY? 8. " MARRIED	NEVER MARRIE	D 🗆 🕴	BALTIMORE CITY OF	COUNTY	OF DEAT	H		
1	10.6	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	WIDOWED			Palle	mi	re	>		MD.
6	B	alto city	LIPNOT IN SUCH ESCILITY, GIVE ST	TREET ADDRESS)	Lospite		I. USUAL OCCUPATION (PE OF WORK FOR MOST OF				BUSINE	ISS OR
5	130.5	AL RESIDENCE (IF NURSING HOME OR OT OT ATE 136 COUNTY		OWN	3d. INSIDE CITY LIM YES MO	_	STREET ADDRESS	· da	Stre	et		
0	14 FA	Saraon MID	DDLE LAST	am /	S. MOTHER'S MAIDE	NAMÉ	MIDDLE		Bi	LAST		
		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		ECURITY NO. 1	INFORMANT	Ro	ADDRES	14 4 Y	Thus	MI	0	1
		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b)	, and (c).1	watter	Dar	nam a	/ /	BETY	PROXIM VEEN OF	ATE INTER	EVAL DEATH
		PART I. DEATH WAS CAUSED E	/ ^	ncer	prostal	(m	12 mes	anla	515			
		1820	DUE TO, OR AS A CONSE	OUENCE OF								
		Canditions, if any, which gove rise to immediate	(b)									
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF								
	Z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE	ETERMINA	L DISEASE OR COND	ITION GIVI	EN IN PAR	RT 1(a)		
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		20a AUTOPSY?	20b. IF YES				
	TIFI			DATE OF THE			YES NO	IN CERTIFY	S D	J3E3 C	NO [
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	Nr. HOW INJURY O	CCURRED	(ENTER NATURE OF INJURY	IN ITEM 18, PA	ART 1 OR PAR	(7)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		If. LOCATION STREET		CITY OR TOW	N	COUNT	Y	5	TATE
		22a.1 certify that (I) (this hospital)) attended the deceased fro	ımm	, 19		to		9	, th	at (I) (v	we) last
		saw the deceased alive an abave, (1) (we) (did) (did nat) v	iew the body after death.	9, and	that in (my) (aur) ap	pinion deat	h occurred on the da	e and hour	and fram	the co	uses sto	ited
١		22b. SIGNATURE	myoul	DE	GREE ATTENDI PHYSICI		AEDICAL STAF		22c. D	ATE S	GNED /2	3/00
		22d PHYSICIAN'S NAME (TIPE OR PR	UWANA		20 ADDRESS	ther	an Hor	nita	0	1	10	
		BURIAL, CREMATION, REMOVAL	23b. DATE		AETERY OR CREMAT	ORY	23d LOCATION /		COUNTY	-	Md	TATE

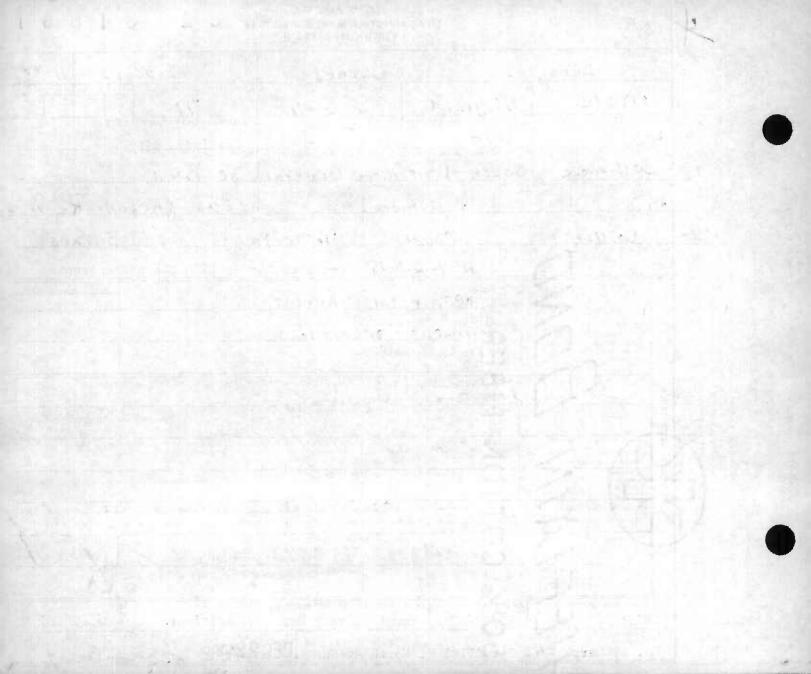
Wm. C. March F/H Inc. 1101 E. North Avenue





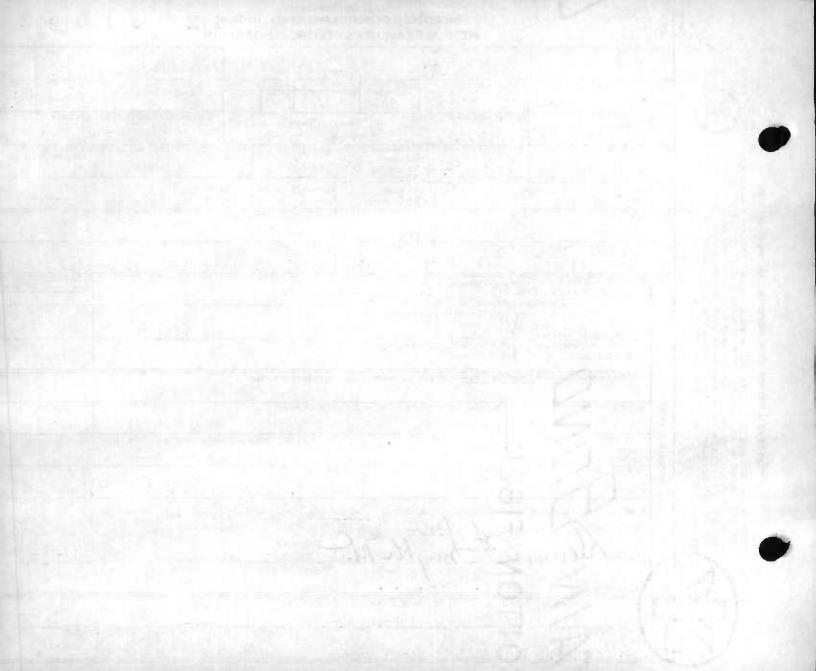


	/	FOR		STATE OF MARTLAND	9 9	"Z 1 5"	6 1
4	1.	STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TH	3 1 0	0 1
	I. DF	CEASED NAME FIRST	MIDDLE	LAST	REG. N		0.110
		Leroy		Bannas			44
	3. SE		4 RACE	garnes		2-20-82 11	O.M
ı	3. SE	male		5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	MONTHS DAYS HOURS	
	1 0		Negroid	2-6-11	11	YRS.	
9	/0 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	MARRIED PNEVER MARR	IED . 9. BALTIMORE CITY	OR COUNTY OF DEATH	
1	N	C	034	WIDOWED DIVORC		e City	MD.
ı	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME OR OTHER INSTITUT	12a USUAL OCCUPAT	ION 125 KIND OF BUSI	INESS OR
Ì	-	Baltimore	South Bo	ittimore Gene			
đ	13a S	AL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENC	E BEFORE ADMISSION)		01004	
1	3	D		imore YES NO	U 1508	Chesapeake	AUL
J	14 FA	THER'S NAME	MIDDLE LA	15 MOTHER'S MAI			
0		13:11:0	A -	2.0	ONIG	Barnes	C
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL	L SECURITY NO. 17 INFORMANT	ADDR	ESS	1
		res. no or unknown) (if yes, giv	E WAR OR DATES) 244-	12-0/28 Corneliu	s Barnes 1508	Chespeake Avenue	e
ı				7 7 00 2 110 2 2		APPRÖXIMATE INT BETWEEN ONSET AN	
ı		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	E CAUSE (0) RESP	iratory Arre	17	BEIWEEN ONSEI AF	NUDEATH
١		7991 MMEDIA		1			
ı		Conditions, if any, which	DUE TO, OR AS A CON				
ı		gave rise to immediate			3		
1		couse (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF			
۱		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	US TERMINAL PROPERTY OF CO.		
	Z	at side	D			DITION GIVEN IN PART Tra	
H	ATIC	190 DATE OF OPERATION	19b CONDITION FOR V	intracerelyil	20a AUTOPSY?	20b. IF YES, WERE FINDINGS US	CED
	FIC					IN CERTIFYING CAUSES OF DEA	ATH?
4	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN TURY	OCCURRED (ENTER NATURE OF INJ	YES NO	
1		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTI	H DAY YEAR	TENIER MAIORE OF INJ		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION			
1	ME	Market Company of the	(AT HOME STREET, FACTORY, C		CITY OR TO	VANO COUNTA	STATE
		AT WORK		1300	0.00		
1	9	220. I certify that (I) this hospit	December 21	from DCCCmber 12 19 19 52 , and that in (my (lour)	10 December	≥ ≈ (f), 19 <u>1 2</u> , that (l)	(we) lost
		opove, (ii)(wejitala jala no	view the body ofter death.		opinion death occurred on the c		
1	4	226. SIGNATURE	Kon at	DEGREE D D ATTEN	DING MEDICAL STA	22c. DATE SIGNED	
		17 ma	Burner	PHYSI		CIAN [12-21	-82
		22d. PHYSICIAN'S NAME (TYPE OF	BARNE	22e. ADDRESS	3001, S 17th	sover IT.	
		ANNA	BAICHE		Balt. Md	21230	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY OR CREM.	ATORY 23d. LOCATION	50:	
	B	SPECIFY) URIAL	12/27/82	Mount Calvary Co	em Baltimo	re Co. N	Md
		NERAL DIRECTOR			25a. DATE REC'D. BY REGISTRAF	256 REGISTRAR'S SIGNATURE	VIII I
	W	m. C. March F/	H Inc 11101 F	E. North Avenue	DEC 221982	John Q. Carin	1

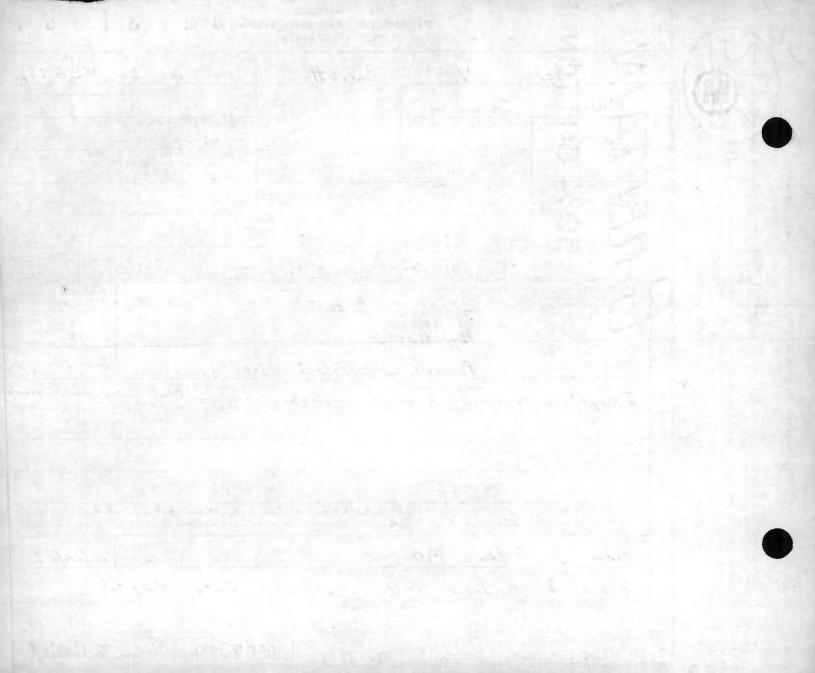


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED J. 30 1082 Harvey Barney 14 HOUR 12:04 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 48 male Black 12 26 DEAD 34 YRS 1982 a.M IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City. New Jersey WIDOWED DIVORCED EITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore Good Samaritan Hospital AL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 1019 St. Dunstans Rd. 21212 Maryland YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Herbert Barney Connie King 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) 219-52-2944 Yes Sylvia L. Barney 1019 St. Dunstan Rd 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Electrocution IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF HE TO BURIAL YES X 216 TIME OF INJURY (est.) 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR subject working on fuse box CONTRIBUTING CAUSE OF DEATH 29 1982 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) 1019 St. Dunstans Road, Baltimore, Maryland WHILE NOT WHILE Home Autopsy X 22s. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted from Hamicide L Undetermined manner Natural causes LITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 12-30-82 III Penn Street EXAMINER'S NAME Dennis F. Smyth. M.D. 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY SPECIFY) BURIAL 1/4/83 Arbutus Mem. Pk Arbutus 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DRMH - 17 ADDRESS (VR A15 ME (5)) Wm. C. march F/H Inc, 1101 E. North Avenue

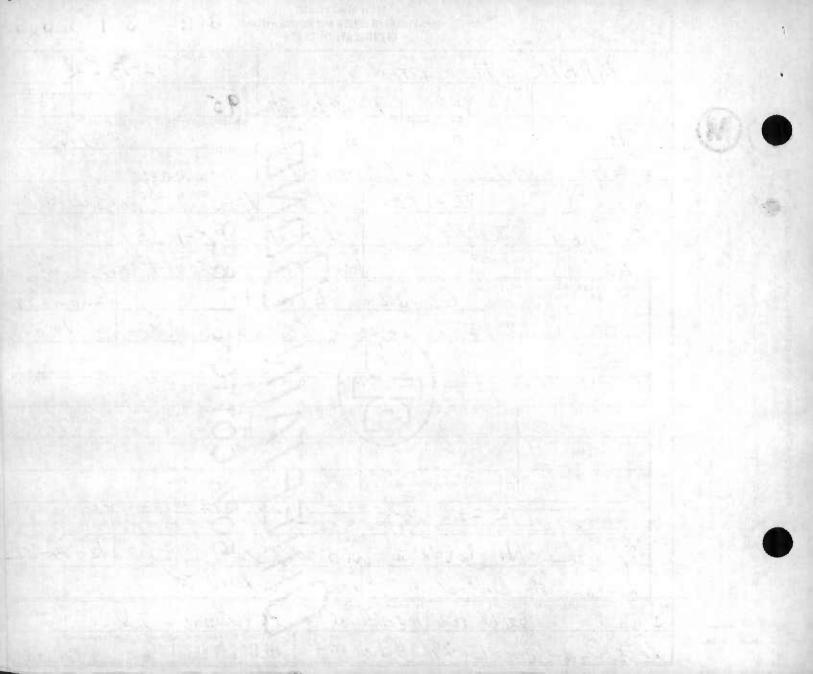
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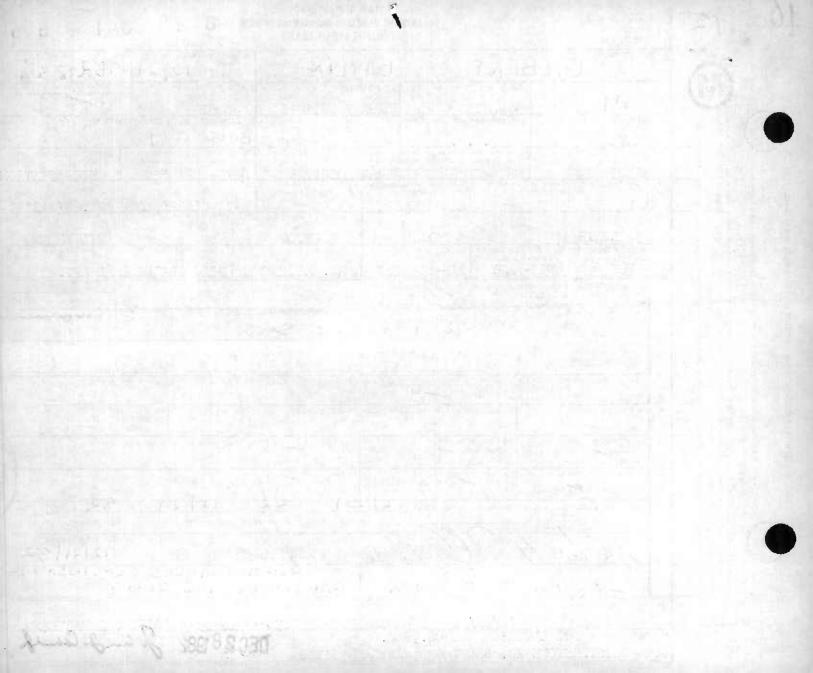
Sale 27 February Burney 12 of 22 February and the second will be a second with the grafiel v the state of the stat Mind & 12 (1982) - 12 () See & Carried



	1	FOR - STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	3 1 0 6 5
noy be poge 3		CEASED NAME FIRST	A BI	ARRY	20. DATE OF DEATH MONTH	-13 82 26. HOUR
oge 4 mo	3 SE	F,	NEGRO .	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 95	
4 (M) &	2	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot f$.	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN	BALTO, ME
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in 24 hours y filled in should be	136	M d 136 COUN	OTHER INSTITUTION GIVE RESIDENCE SEFORE	YES NO	13. STREET ADDRESS	aroline at
ompletely ond 2 s		ALTERS NAME	MIDDLE SUTTONS!	15. MOTHER'S MAIDEN NA	CARNLA	LAST
be execu		VAS DECERSED EVER IN U.S. AR YES, NO OR ENKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	Havy Barry	1735 n.C	antine pl
equires that the death in signed by the attendi Then please remove con to burial, cremotion, on injury, or other troumat	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	scleratic Cardi	Vascular Dise	GIVEN IN PART 1(0)
The law r ician. The hos been sit permit. If you any shaws any	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
phys tifico il-tro hol Hy	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM)	8. PART I OR PART 2)
DING PHYSIC or ottending or ottending After this cere as the buric alth and Menimorked or the	MED	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDI hospital or RECTOR: A red for use ipt, of Heal		saw the deceased alive on above, (I) (we) (did) (did no	tol) oftended the deceased from 19		deoth occurred on the date and h	
F F		226 SIGNATURE	He Owen		MEDICAL STAFF DIRECTOR PHYSICIAN	12-14-82
etained by TO FUNERAL Should be Swith the Start		EUGENE H	. Owenes	1735 E. 3		
DCBP	J	BURIAL, CRÉMATION, REMOVAL SPECIFY)		AME OF CEMETERY OF CREMATORY J. National Mem. Ph	23d. LOGATION Lawrel Lawrel Lawrel	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNITED THE STATE OF THE STATE O	Home 1304 MRESS (Intral are 150. DAT	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE



10	- 12		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2	.	10	6 6
e Q	0		CEASED NAME	FIRST	3ERT	MIDDLE	BA	MIN	20. DATE OF DEATH		1982 C	HOUR 212
NO W	(M)	3. SE			4. RACE		5. DATE (6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
000	no. 2 5		ALE		WHIT			RY 30,1915	67	YRS	DATS HE	ORS MIN.
deoth. P	n 72		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY C		OF DEATH	MD.
į.	23 211		TY OR TOWN OF DEA	TH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND OF BU	
201 75 of	by the		BALTIMORE		NORTH C	HARLES GE		HOSPITAL	SELF-EMPLO		SERVICE	
MARYLAND 21201	filled in ould be		AL RESIDENCE (IF NURSI TATE ARYLAND	NG HOME OF	ROTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3314 CLAR			
RYLA	2 shy		THER'S NAME		MIDDLE	LAST	.1.	15 MOTHER'S MAIDEN NA	ME	O_LANI		(21212)
MA v	and 300		LOUIS		MIDDLE	BAYLIN		REBECCA	WIDDLE		SILVE	RMAN
IORE,	Poges		VAS DECEASED EVER I	(IF YES, GIV	E WAR OR DATES	16b. SOCIAL SECU		17 INFORMANT	ADDRE		(2121	15)
LTIM	he he	_	YES		-ARMY	213-09-9		MRS. MAE BAY	LIN 3314 CI	ARKS I		
PRESTON ST., BALTIMORE,	g phys ronpap removo event,		PART I. DEATH W.	AS CAUSE	D BY:	ACUTE	Lun	I			APPROXIMATE BETWEEN ONSE	AND DEATH
RESTO!	e attendin move corb notion, ar troumatic		Canditions, if any, gove rise to imm		DUE TO, OI	R AS A CONSEQUE	NCE OF	EWIC SH	ock			
201 W. P	d by the leose rer ial, crem ar other		cause (a), stating underlying cause	g the	DUE TO, OI	r as a conseque	NCE OF			Jie.		
RDS, 20	signe Then p to bur njury,	NO	PART 2. OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 1101	Joseph 1
DIVISION OF VITAL RECORDS,	hos beer t permit. I ene prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS ING CAUSES OF	
F VII.	certificate briol-transit ental Hygie tem 18 sho		210. ACCIDENT WAS UND		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2)	
N OF VI		MEDICAL	LIF EITHER NOTIFY MEDIC	AL EXAMINE	P./		19	AN LOCATION				
IVISIOI	the ond ond	ME	WHILE NOT MAT WORK	te 🗆	21e. PLACE (OF INJURY ACT. FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Q.	9 0 E		22a.1 certify that (1)			e deceosed from_	121	1952	to 12 2	17 1		(I) (we) lost
ATTA	ospitol ECTOR id for u it. of He m 21 is		sow the decease above, (1) (we) (di	d alive on	t) view the body	after death	d	d that in (my) (our) opinion	death occurred on the do	ste and hour		
AL OR	d by the hoiner NERAL DIRECTOR DE detoched e Stote Dept. TANT: If them		226. SIGNATURE	1	4 8	Wal	L	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF IAN []	12 21	182
HOSPI	P. P	100	STEP	ME (TYPE O	OR PRINT)	Block	K	TRALTIMO		ES 6		P. +/1
5	of Shoot Shoot	23a B	URIAL, CREMATION, R	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
2730	BP		BURIAL		12/22/	/82 BOB	ROISK	ER CEMETERY		BALTIN	ORE MARY	LAND
DHA	AH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR S		VINSON 8	BROS., I	NC.	25a. D-1	EC 2 8 1085	25b. REGISTA	AR'S SIGNATURE	with
	(VICK 13, 4)	60	10 REISTERS	STOWN	RD. BAI	LTIMORE, M	ARYLA	ND 21215	EO B' DOL	0	-0	

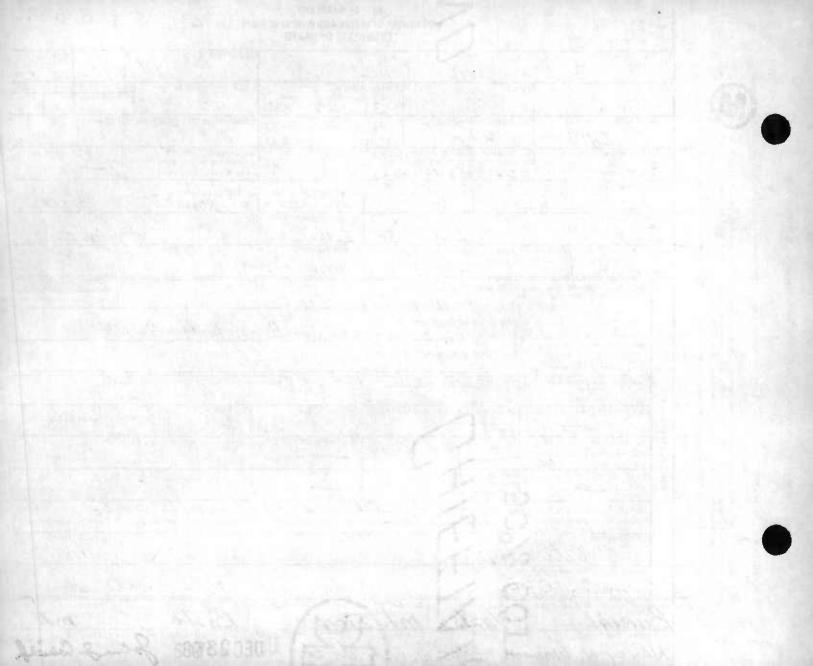


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1 Pe 11	1,	FOR STATE	DEP	ARTMENT OF H	EALTH AND MENTAL HYG	IENE 6 2	3 1 0 6 7
8	1,	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
/		CEASED NAME PIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 20	1179	Abro	lana	Bear	enheimer	12	6 82 913 A W
and	1.56		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
- 6		M ALE	WHITE	MONTH 7	25 02	80 YRS	
一	int	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED X	9. BALTIMORE CITY OR COUN	TY OF DEATH
	1	MARYLAND	USA	WIDOW		CITU	MD.
1 11 1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
to to foll be	1	BALTO, Md.	MERCY H			BOOKKEEPER	BUSINESS
Ad in by the file	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 209	WALTON AVE.
9 % P	1.50	MARYLAND	BALTIN	MORE	YES XX NO	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*** 21225
rth rth	14 F/	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	SNYDER
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	16n \	WAS DECEASED EVER IN U.S. AF		SECURITY NO.	MAR 9 AK	S. VELMAADESSER	NEW WORLD
IMOR n ond Poges		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!		and the second second		
E 9 0 5	-	NO		-14-545	203 WALION	AVE. DARIO	
, BAL ficote poper sovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ON the corbin to orbic vortice		14275	DUE TO, OR AS A CONS	EOUENCE OF	1 . 1		
RESTOI e death nove co notion, o		Conditions, if any, which	(16) Seve	Ne 15	chemic di	sen	
the the emg		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EOUENCE OF			
on w that d by lease iol, cr		underlying cause last.	(c)				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The low requires that the death certif of the interest of the series of the ottending p of the this certificate has been signed by the attending p of the buriel-transit permit. Then please remove carbons th and Mental Hygiene prior to burial, cremation, or rem orked or them 18 shows any injury, or other traumatic eve		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION O	EIVEN IN PART 1 0
RDS r signification	CERTIFICATION						
bee bee	18	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
he lo on. hos r per ene	量	11/24/82	Severe 6	JOSUPY	eral ischeme		YES NO
N OF VITAL IN OF VITAL IN OF VITAL IN OF VITAL IN OF	E E	210. ACCIDENT WAS UNDERLYING		4	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
SICIAI ng ph ng ph certifu riol-tr entol l	1	OR CONTRIBUTING CAUSE OF DE		DAY TEAR			
ON HYS! Inding or the	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION		COUNTY STATE
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DIVISI DING P or otter After these os the		22a.1 certify that (I) (this hosp	ital) attended the deceased f	rom		, to	, that (1) (we) lost
or us f f he		sow the deceased alive or				death occurred on the date and h	
AT AT OSP		abave th(we) (did) (did no	at) view the body after death.	10	DEGREE		22c, DATE SIGNED
OR he ho birder		Chi.	8 41	11	ATTENDING	MEDICAL STAFF	12/1/02
ITAL by th RAI RAI Stote	1	THE PHYSICIAN'S NAME (THAT	(of our	004	PHYSICIAN L	DIRECTOR PHYSICIAN	110100
HOSPITAL need by th FUNERAL uld be det of the Store		V V	Serent)	-		DATEC ME	
O HOSPITAL TO FUNERAL should be de with the Stoft		Merce LI	NHAROT			- BALTO., MD	
E 6 L 0 3 Z		BURIAL, EREMATION, REMOVAL	. 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	BALTO. MD
250 8P		BURIAL	DEC.9,1982		ΓΖ NUSACH ARI	RÖSEDALE	DALIU. MD
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR SOL	ADD	BESS		E REC'D. BY REGISTRAR HE TELE	STRAR S SIGNATURE
(VRA 15, 4)		6010 REISTERS	TOWN RD. BALT	O., MD	21215	1 5 1982	and a man all

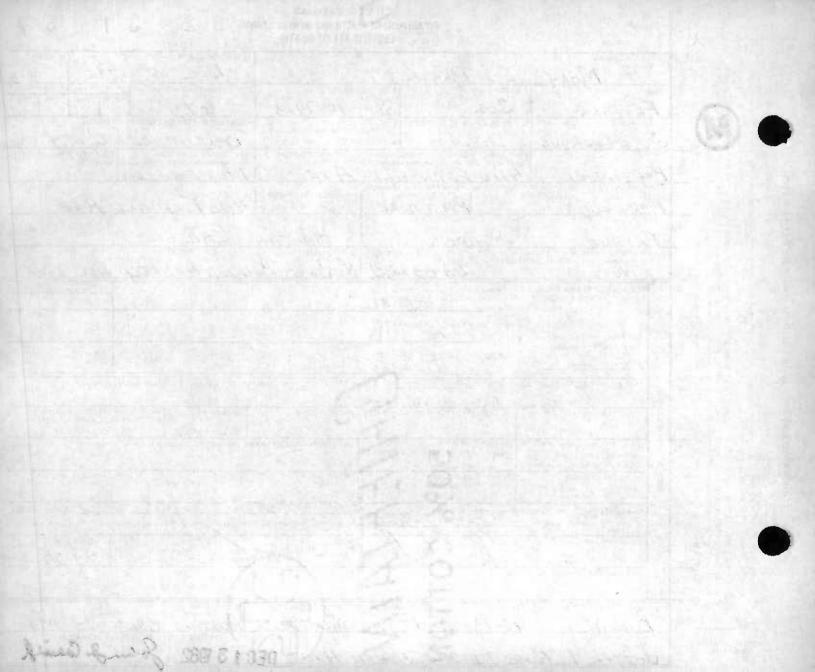
13 A Secretary Association Company Company Sherry Wide Princed Hearithe in its meld cur LXXXXX BENJAMI: NO STREET, STREET y made inchange once 1 28/15/11 MERCY . - . . "USECH "

DHMH - 16 50M 4/8 (VRA 15, 4)

FOR STATE	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 3	106
REGISTRAR	MIDDLE	LAST	REG. NO.	DAY YEAR TO HOUR
1. DECEASED NAME FIRST	i / L/T	0	20. DATE OF DEATH MONTH	Zu HOOK
Jack	NMT	BELL	12/1	18/87/10
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
Hale	Block	3 23 18	64 YRS.	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	Y OF DEATH
Be Himore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	125. KIND OF BUSINES INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
	of Batt	YES V NO	502 Robert St.	2/2/7
14. FATHER'S NAME FIRST	Be//AST	SR Esther	MIDDLE	ivenport
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV in Known	RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 123 26 85		address	
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	198. CONDITION FOR WHICH O	OPERATION WAS PERFORMED	_ IN CERTI	FYING CAUSES OF DEATH
00 000 100 100 100 100 100 000 000	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE LIFE THERE NOTIFY MEDICAL EXAMELY ALL WORK ALL WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY ST
sow the deceased alive or	ital) attended the deceased from	and that in (my) (our) opinion	deoth occurred on the dote and ha	19, that (I) (w
226. SIGNATURE	M.D.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/18/87
Henry O	hleyer	220 ADDRESS Univ Hos	0 2250 Gre	ene St
230 BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23c. N	AME OF CEMETERY OR CREMATOR	23d. LOCATION OR TOWN	county md
24 FUNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	JACE 3405 W.	FRANKSin St. 250 0	DE0 23 1982	TRAR'S SIGNATURE



			STATE OF MARYLAND	44 23 694 6 24
t	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 2 3 1 0 6 9
		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
nay be page 3	TITLE	ORPRINT) MARY	E. BENNETT	DEC 8, 1982 M
moy rer d	3. SEX	ENTALE	RACE S. DATE OF BIRTH SMONTH DAY SEPT 1913	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
WW.77	Si	WITH CAROLINA	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5 1 PO	B	96TIMARE	4110 FERNHILL AVE	HOMEMAKER
2120) hours of in the life life	DSU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION!	
AND 2 AND 2 filled nould b	M	ARYLAND	BALTIMORE YES OF NO [4110 FERNHILL AVE
MARYLAND ed within 24 mpletely filler and 2 should	14 FA	THER'S NAME FIRST	MIDDLE LAST 15 MOTHER'S MAIDEN	NAME MIDDLE LAST
	F	RTHUR	STARKS MARTH	19 CARTER
BALTIMORE, one be executed to pers. Pages 1 one one of the medical	16a V	AS DECEASED EVER IN U.S. AR	E WAR OR DATES)	ADDRESS
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hysici paper novol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c)	APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	113		TE CAUSE (0) ACCEPTE MI	
o d ipo o to		2500	DUE TO, OR AS A CONSEQUENCE OF	
. PRESTOI the death the attend remation, a		Conditions, if ony, which gove rise to immediate	(b) 7500 B	
. + + = 0 0		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
o t peo t			CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	
	Z	CA ALCOHER	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IT	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
, g + g	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
At REC At REC At REC At Recion. The law sin permissit permission permiss	LIFIC			YES NON YES NON NON
VITAL RE IGNYSTICION. The IGNYSTICION. Transit per Hygiene 178 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ON OF VIT		OR CONTRIBUTING CAUSE OF DEA		
ding ding on the	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
DIVISIC DING PH ar attent After th se as the if	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	CHIOKIONI COOM
DIN TENDIN (tol ar o OR: Aft or use os f Health			ital) attended the deceased from	to 19 , that (I) (we) lost
2 0 0 0 12		sow the deceased alive on above, (1) (we) (did (did no	ond that in (my) (our) opin	ion death occurred on the date and hour and from the causes stated
OR A DIREC DOREC Dorbed Dept.		22b. SIGNATURE	DEGREE	G A MEDICAL _ STAFF _ 22. DATE SIGNED
SPITAL O A by the NERAL D Se de foctor		soler		G MEDICAL STAFF N DIRECTOR PHYSICIAN
HOSPII nined by FUNER sold be th the St		224. PHYSICIAN'S NAME (TYPE C	PRINT) 22e. ADDRESS	
TO HOSPITAL retorned by the TO FUNERAL TO FUNERAL with the Store with the Store TO FUNERAL TO FUNER				
F 5 F 2 4	23a. E	URIAL, CREMATION, REMOVAL	236. DATE 23. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION COUNTY STATE
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DHMH - 16 50M 7/77 (VR A 15 (4))	24 FL	INERAL DIRECTOR	ADDRESS 25e.	DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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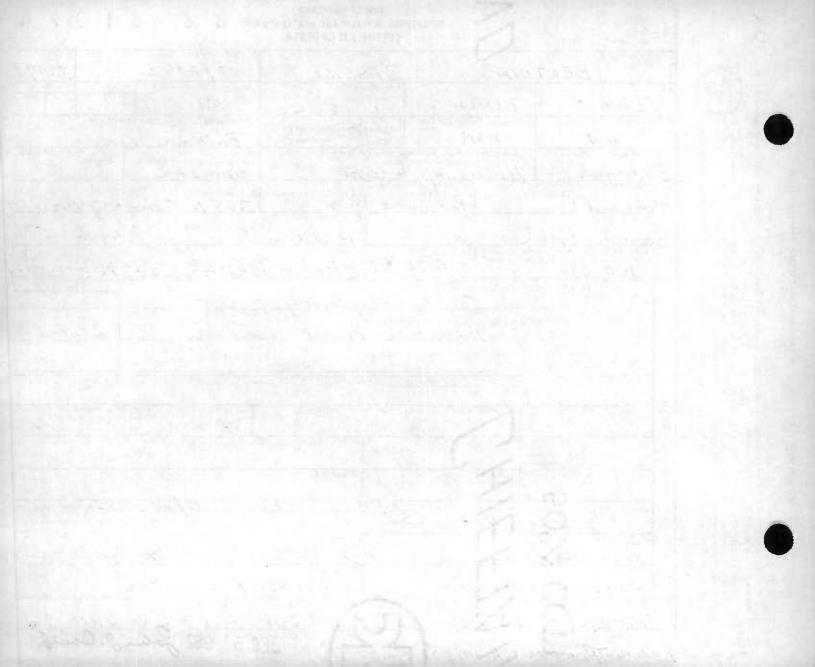
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h	1	FOR - STATE		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	GIENE 8 2	3	0 /	
11		REGISTRAR					REG. NO			
		CEASED NAME FIRE	SI	AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	10.11	
445			NA		BER	ENUS		12 18	821.	30 Pm
(M)	3.58	4.	4. RACE	1	MONTE		& AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UN	RS MIN
V. /_	-	Ilmall	- Wh		09	02 99	83	YRS.		
11 84	B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	F DEATH	
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81	05U 13m	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, COUNTY 2 ty	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimor	N .	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 4602 Arabi	a Ano	21214	
	14. F.	ATHER'S NAME	009	Darbonios		15 MOTHER'S MAIDEN NA		1	01011	
12	1	William	MIDDLE	Brandt		Elizabeth	MIDDLE		0ed	
Pager, medica		WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (1F Y	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	214-36-	9940	17. INFORMANT Augsburg Hon	ne Balt		Campfiel Md. 2120	ld Rd. 07
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du d			CAUSED BY: NEDIATE CAUSE (a)		50	bso				
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tion, oum		Canditians, if any, whi	ich ((b)	Salar Salar		Una	trad by	reclien'	•	
der tr	1	gave rise to immedia cause (a), stating t	he DUE TO, OI	R AS A CONSEQUE	NCE-OF	-A A A	0	Λ 4-4	146	
ol c		underlying cause la	(c)	- Class	MA	Clothaly	x Wedgudo	en Stal	ka	7.00
ber p	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
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	ĬĔ						YES T NOT	IN CERTIFYIN	NG CAUSES OF DE	EATH?
1 8 ch	18	210. ACCIDENT WAS UNDERLYI				21c. HOW INJURY OCCUR		_		
1814	100	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA			YEAR					
1 W W	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
# B B "	1 2	WHILE NOT WHILE T	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOV	N	COUNTY	STATE
10 10	ı	-		e deceased from	12	- 18- 10 82	112-15	6 10	Ga that !!	I) (we) last
1 ± 5		220.1 certify that (1) (this saw the deceased ali	ive 12-1	8- 19 8	53 , ar	id that in (my) (aur) apinian	death accurred on the de	ate and haur as	• • • • • • • • • • • • • • • • • • • •	
828	1	22b. SIGNATURE	did natyview the bady	atter death.	,	DEGREE			22c. DATE SIGNI	ED
tota =		and the latest	MY			ATTENDING PHYSICIAN	MEDICAL STAF	F		
S S d	1	22d. PHYSICIAN'S NAME	(TYPE ORNE)	,		PHYSICIAN [0		0010	. 0
PORTAN		K	. S.N.	AIR, m. 1)	Sologo	sru Kd 1	5+40	10319	19
25337	23a.	BURIAL, CREMATION, REM	OVAL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		DUNTY	STATE
		SPECIFY) Burial	12/21,	/82 P	arkwo	od Cemeteru	Baltimore	e Cit	y M	D STATE
5 50M 1/76	,		ring Byers	Funeral	Direc	tors 25 DAT	E REC'D, BY REGISTRAR	GISTRAF	R'S SIGNATURE	. 0
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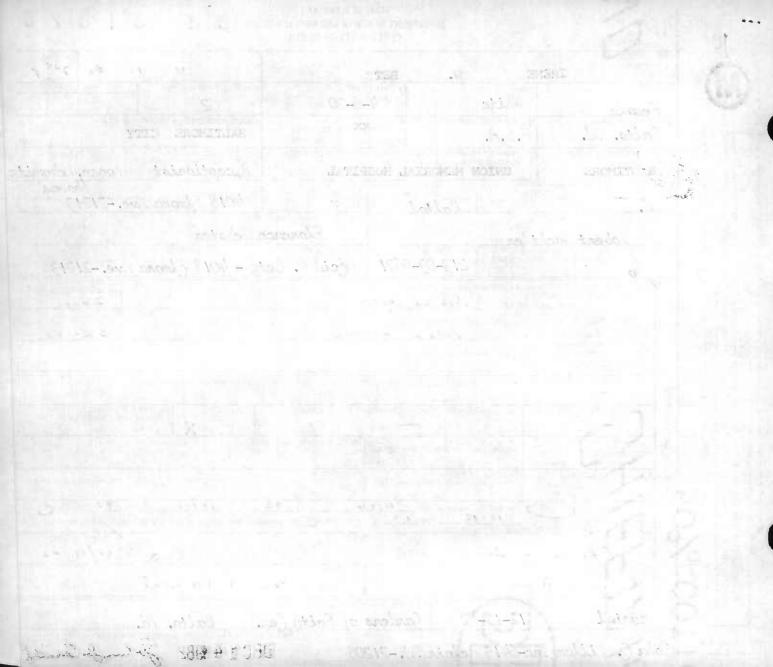
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4		FOR			DEPART	STAT MENT OF F		AARYLAN I AND ME		GIENES	2	3	1 0 7	7 3
0.		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATE O	DEATH	REG.	. NO.		
		CEASED NAME E OR PRINT)	FIRST		MIDDLE			LAST		20. D.	ATE KNOWN OF ESTI-	MONTH	DAY YEAR	26 HOUR
2000			RUBY		ALIC	E	BE	ERGER			ATH MATED	□ 12	27 1982	M
過行性支援	3. SE)	4. RA	NCE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA			IF UNDER 2		DATE	MONTH	DAY YEAR	24 HOUR 8:23
A DO S		emale Wh		6-17-1:	2	70 YR					DEAD	12		a M
はいる	FC.	RTHPLACE (STATE O	R	76 CITIZEN OF WI		NTRY?		IED X NEV				_	ITY OF DEATH	
	lin C	MD . TY OR TOWN OF D	FATH	U.S.A		PSING HOME	WIDOW		DIVORCE		CCUPATION			MD.
PAGE S				(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)			11014	FOR MOST O	F WORKING LIFE)	TITE OF WORK	OR INDUS	
20 X 80				PROTHER INSTITUTION, GI	VE RESIDENCE	ity Ho	SDIT				MAKER		_	
IF AND 3 RETAIL SHOULD SHOULD SHOULD	13a. S	MD.	13b. COUNT	TY		OR TOWN		13d. INSIDE CIT	NO [4011		EY AVI	E. 2121	1.3
0 0000	14. F/	THER'S NAME			БАЦ			15. MOTHE	R'S MAIDEN			T AVI		
DEATH DEATH ORE, M		LLOYD	мттсн	ET.T.		LAST			RST SABEL	LE	WIDDLE		MAHE	R
PAG PAG	16a. V	VAS DECEASED EVE	R IN U.S. ARA		16b. SO	CIAL SECURITY	NO.	17. INFORM			ADDR			15
I., BALTIMORE, MD. 21201 URS AFTER DEATH IF AND B. GIVE PAGES 1, A MOITH FORM PM. B. RETA WITH FORM PM. B. RETA IT. PAGES 1 AND 2 SHOULD DIVISION OF WIM RECO	L	NO	(IF TES, OIVE	WAR OR DATES)	213	-30-89	64	MILD	DRED	WHITE	3405	NOR	MAN AVI	ᡓ.
DURS DURS 18. C WIT. P		18 CAUSE OF DEA	VALAS CALICET	ly ane couse per line									APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
DN S TEM ON SIENE VAL.		000	MMEDIAT	TE CAUSE (a) AC				matoma	3					
AIN 2	>	Conditions, if	any, which	DUE TO, OR	AS A CO	NSEQUENCE ()F						9"3	
WITH WATER		gave rise to cause (a) stati	immediate	(b)	AS A COL	VSEQUENCE C	\F							
ZOIV NEW PER		lying couse los			A3 A COI	43EQUENCE C	7							
XECU AND AND ATIO	10	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	(c)CDNTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEAS	E DR CONDITION	GIVEN IN PART	1 (a).				
CORDS BE EXE NDING NDING IS A BL	NO													
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RE3 SHOULD BE USED AS A BURIAL—TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGGIENE, D OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	196 DATE OF OPE	RATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORA	MED?		-	1	HEADPS	SNLY
SHOP SHOP	E										4		YES X	
ATE WENT TO BE TO		210. EXTERNAL CA	Ma	216. TIME OF HOUR A.M		DAY YEAR					OF INJURY IN ITEM		ART 2)	
SION STIFIC SHOCK PARI	MEDICAL	CONTRIBUTING	CAUSE OF D	P.M.		25/26 8	2 Sul	Diect	fell	and st	ruck he	ead.		
S CERTIF RITING RED TO # 3 SHC E DEPAI	ME	WHILE ON AT	T WHILE	STREET, FAC	TORY, FARM, E			TREET		CITY	OR TOWN	co	DUNTY	STATE
E, WA	1				reet		HEA	D ONLY	/					
A F C C S H				e of the remains des			Autop		Inspection		quiry L.J.	and in my o	pinion	
N N N N N N N N N N N N N N N N N N N		death resulted fro	m: Natur	al couses L.J.	Accident	LZI, SUI	cide 📖	, Hamici		Undetermine	ed monner	٦,		
A A A A A		ACTUAL SIGNATURE	M	1	M	-	M			MEDICAL E	EXAMINER	DATE	IED 12-27	-82
DEAT TELE			1/10	8	0	-/	16					310711		
A POR COMP	1	(TYPE OR PRINT)	1 A	nn M. Dix	of record desirable			ADDRESS_				0., MC	d. 21201	
TO MEDICAL EXAMINER: THIS CERTIFICECUTE THE CERTIFICATE, WRITING TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE FORWARDED TO FUNERAL UNIFOTOR; PAGE 3 SHOULD BE THE DEPART BATTE DEPART BATTIMORE, MARY DAN, 21201 PRIO	23o.B	URIAL, CREMATION				NAME OF CEA			ORY	23d. LOCATI	itimo:	COU	UNTY	Mď.
BP	24 5	Buri		12/30/		Baltir	nore	19	25a DATE DI				SIGNATURE •	MC.
2643 DHMH - 17 (VR A15 ME (5))				eral Ho			1101	2	DE	2819	82	olung	I Cabre	4
(VR AID ME (5))	_	3331 Bre	enms I	ane, Ba	TTO.	Md.	2121	3			U			-

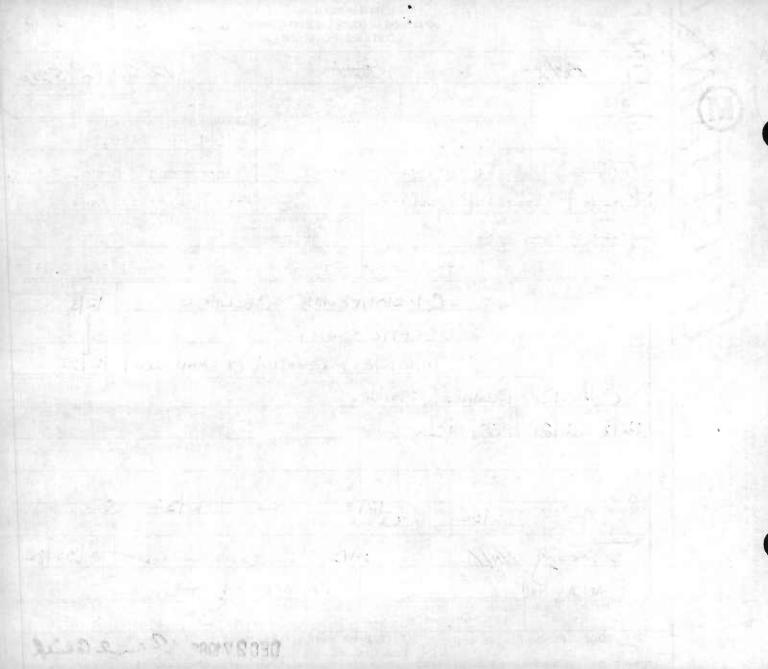
	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	31074
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1	BERT	TINA	BESSICK	12/2/82	2:47 %
	3. SE	FEMALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 3 /	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 1 87		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
11 20	1-7	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	Saltimore 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	MD. 126 KIND OF BUSINESS OR INDUSTRY
2 should	USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU COM LAND	IN OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY MIDDLE LAST	N 134 INSIDE CITY LIMITS?	130. STREET ADDRESS 305 N. Mon	astery Ave, 2122
and cample			RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 213- 26	1 1 1 1 1	ADDRESS	MA fek OS N. Monaster
quires that the death certification by the attending per hen please remove carbons to burial, cremation, ar remijury, ar ather traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) Maria Fra DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	he breast ca	NEJ NOMA	2 years GIVEN IN PART 110
has been t permit. I dene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
this certificate e burial-transition Mental Hyging April 18 sh	MEDICAL CER	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	HOUR A.M. MONTH DA	211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?) COUNTY STATE
spital or other II for use as the of Health and II is marked		saw the deceased alive a	pital) attended the deceased from	10/14 , 19_82 82 , and that in (my) (aur) apinion	2_, to	
by the har ERAL DIRECT of detached State Dept.		Malcolm A 226. PHYSICIAN'S NAME (TYPE	Vilhum OR PRINI)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/8 Z
to HOSPITA To FUNERA should be de with the State WPORTANT		MALCOLM	WILKINSON	UNIVERS	ITY HOSPITA	72
Bb Should Bb	L	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OF TOWN CIEN RULA	IR. A.A.CD. MIN
1MH - 16 50M 4/82		UNERAL DIRECTOR	ADDRESS .	25a. DA	C 6 BY RESERVED	ISTRAR' SIGNATURE



	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	3107
. 4		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	No. DATE OF DEATH MON	NIH DAY YEAR 2b. HOUR 12 82 705 P
(AA)	3. SE	IRE	110	BETZ	6. AGE (IN YEARS LAST BIRTHDA	
		remale.	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MILE YRS.
A Chount dire	74. B	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
by the fu	10 C	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS) ITAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Receptionis	ORKING LIFE) INDUSTRY
24 hour	13a. S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BE NTY 13c. CITY OR T	OWN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	Thomas a Ave21213
mpletely f		ATHER'S NAME FIRST Robert Wach	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ce Webster	LAST
Pages 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS		ADDRESS etz - 4018 Elm	ола Ave21213
ow requires that the been signed by the mit. Then please ren prior to burial, crem ony injury, or ather?	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION		QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM TCH OPERATION WAS PERFORMED	200 AUTOPSY? 20	Ib. IF YES, WERE FINDINGS USED
hos lo	FE	_			YES TO NO X	CERTIFYING CAUSES OF DEATH?
SICIAN: The physicic certificate rinol-transit entol Hygin frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
G PHYSICIA ottending plants this certification is the buriol-transfer and Mentol read or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	71f LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDIN haspital ar RECTOR: Af red far use a red far use a red far use a red far use a		22a. I certify that (I) this hasp	ottended the deceased from 12/12 101) view the body after death.	c -		ond hour and from the causes stated
HOSPITAL OR ned by the high be detected by the State Director of the State Dep		Charles 22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
T - 2 T - 2		Charles L. D	iana	Union Men	movial Hospit	al
PP	23a	BURIAL, CREMATION, REMOVAL	12-16-82	Gardens of Faith (e	CITY OR TOWN	Ade COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		pho Miller I	nc-6415 Belair		TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



STATE OF MARYLAND



STATE OF MARYLAN
DEPARTMENT OF HEALTH AND ME
CERTIFICATE OF DE

8 220 3540667 7

	REGISTRAR				CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED NAME (TYPE OR PRINT)	OLIVE		B.M.		TZ		2a. DATE OF DEATH		29 S2	10 DE	A	
	3. SEX Female		RACE Whi	te	5. DATE C		YEAR 11	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS		_	
5	Maryland		U.S	WHAT COUNTRY?	8. MARRIE WIDOWE	D MEVER M	ARRIED	9 BALTIMORE CIT Balt	Y <u>OR</u> COUNT imore (WE	D.	
1	Baltimore		St. A	OSPITAL, NURSIN H FACILITY, GIVE STREET BNES HOST	oital	OR OTHER INST	NOITUTI	12a USUAL OCCUP (149E OF WORK FOR MO Homemake	ATION IST OF WORKING L	17b. KIND INDUSTRY	OF BUSINESS OR		
5	Maryland	136 COUNT	IY	Linthicu	/N	13d. INSIDE CI YES 🔲	NO M	13205 Coro	net Dr	ive 21	090		
C	14. FATHER'S NAME Adam	N	E.	State	er		MAIDEN NAA Barbara	E .	DRESS	Shr	Shriner		
1	160 WAS DECEASED EVER		WAR OR DATES)	217-12-		Joseph	onet Dr	. 21090)				
		mediate ng the e last	DUE TO, OI	R AS A CONSEQUI	ENCE OF		INFA	NCT ON			I(o)	_	
>	190 DATE OF OPERA			TION FOR WHICH	OPERATIO			200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	NGS USED S OF DEATH?	_	
	21a ACCIDENT WAS UNO OR CONTRIBUTING (IF EITHER NOTIFY MED WHILE NOT WAT WORK AT WORK	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH D. M.	AY YEAR 19	211. LOCATIC STREET		RED (ENTER NATURE OF	N)URY IN ITEM 18.	(COUNTY	STATE	_	
	270. I certify that (I saw the decess above, (I) (we) 1776. SIGNATURE OCCUPANT STATE CARLOS	(this hospite sed alive on did) (did not)	view the body	19		DEGREE	TTENDING HYSICIAN	, to	TAFF	our and fram th	that (1) (we) last ecauses stated E SIGNED		
	23a BURIAL, CREMATION (SPECIFY) Bur	REMOVAL	1/3/83			awn G.		Baltimo	re o	COUNTY	Maryland	d	

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR

Crest Lawn G. of M.

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

BY REGISTRAR 256. REGISTRARS STONATURE

Page 1 Page 11 The state of the late of Tapi of tem 1.72 | enorghic complete the second of the sec Market Committee Total Company of the Prince and wanted the transfer of the contract the exemple ... to be over worth or a few dealers Laws and Italy to tale the party is a second account. MPORTANT, If her 21 is marked or hem 18 shaws any injury, or other traumatic event, the medica

TO FUNERAL DIRECTOR, After this certificate has been ugned by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.

DHMH - 16.50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN, The la-

remove carbon pagers. Pages

	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 2	3 1	0	78
	1. DE	CEASED NAME FIRST	MIDDLE		AST	REG. N 2a. DATE OF DEATH	MONTH DAY	YEAR T	2b. HOUR
_	Alim	E OM PRINTI		-	BIES.		12 19	82	250 PM
7	1. SE	X 70H1	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR	(- 11		IF UNDER 24 HRS.
		m	13	MONT		60	YRS	S DAYS	HOURS MIN.
4		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		EATH	MD.
4		BALTIMORE		MORIAL H		12a USUAL OCCUPAT		b. KIND OF IDUSTRY	BUSINESS OR
E	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	INTY 13c. CITY O		13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS	SARCLAY	, 5-	+.
00	14. FA	LOUIS	MIDDLE BIE	e s	15. MOTHER'S MAIDEN NA	WE		LAST	
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	IL SECURITY NO.	MARY Toda	57 GREE	NVIEW	Noasa	1,1/1
	NOI	Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON (b) SEPS	HE BOUNTED OF SIS. C.P. USEQUENCE OF	MG.	MINAL DISEASE OR CON	IDITION GIVEN IN		ATÉ INTERVAL USET AND DÉATH
1	CERTIFICATI	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES		
9	933	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 C	R PART 2)	
	MEDICAL	21d INJURY OCCURRED	216. PLACE OF INJURY	OFFICE, FARM, ETC.)	2 If. LOCATION STREET	CITY OR TO)WN C	OUNTY	STATE
	200	270. I certify that (1) (this hasp saw the deceased alive or above (1) Act and did no		19.87,01	21 , 19 37 and that in (my) (aur) apinion		ate and haur ond		
		alle	occor.		ATTENDING PHYSICIAN [MEDICAL STA		12.10	9.82
1		ANNA F	errari'		22e. ADDRESS	ABELL AL	re Ball	BM.	21218.
	23o. E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 1/3/83	Md. V	EHS EM.		v,//E cou		mal
	24. FL	NATORN - HA!	RRIS 1701°	bnc Cy	1/0/5+ 250. DAT	EC301982	25b. FEGISTRAR'S	SIGNA	Phill

STITUE UNITED TO STORY OF STREET The rest of the last of the state of the sta

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

STATE OF MARYLAND

then again and the property of a contract Lead of the Second Court o

STATE OF MARYLAND

First Inc. 1920 32 Times of the State of the

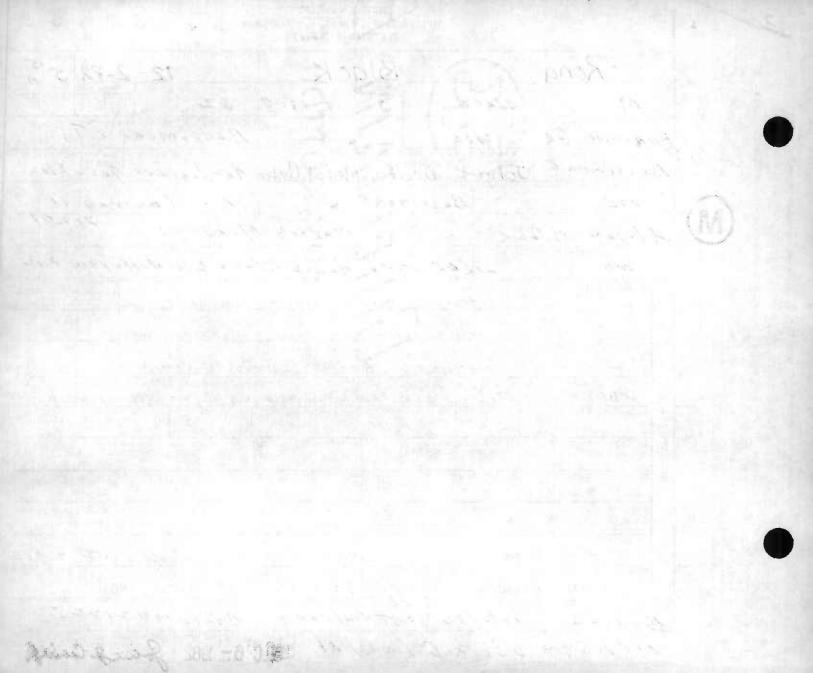
		KEGISTKAK						RI	EG. NO.			
		CEASED NAME FIRST		MIDDLE		20. DATE OF DEA	ATH MONTH			2b. HOUR		
1 24	1	CHAI	RLES	E	LACK				12	27 8	2	10:50A
(mid)	3. SE	X	4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER	1 YEAR	IF UNDER 24 HRS
! (IAI)		Male	Blac	k	MONTH 6	27 8	YEAR 8	94	Y	RS MONTHS	DATS	HOURS MIN.
41 22 An au		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MAR	nico 🗆	9. BALTIMORE C			ATH	
the of 1	1	S.C.	USA		WIDOWE			BAL	TIMORE	CITY		W
offer of the feet with the fee	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN TH FACILITY, GIVE STREET	ADDRESS)		TION	120. USUAL OCC		ING LIFE) IND(KIND OF USTRY	BUSINESS OF
2		BALTIMORE		MEMORIAL		TAL						
in 24 hou should be		AL RESIDENCE (IF MURSING HOME O STATE 136 COU		13c CITY OR TOW Balto.		138. INSIDE CITY L		130. STREET ADDI 426 W		n Ave	. 2	1212
三 章 20 章	14. F	ATHER'S NAME	winne.	1.00		15. MOTHER'S MA		AE .				
w below and with the same of t	U	nkn	MIDDLE	LAST		Unkn		MIE	DDLE		LAST	
		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT		A	ADDRESS			- 177
be execut		YES, NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES)	218-10-	-7068	Flore	ence	Brown	3100	Harf		
4 6 5 6		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line far (a), (b), and	d (c)					BE		NATE INTERVAL NSET AND DEATH
certificate ng physic rbon pape r remaval			TE CAUSE (o)	SHOCK							34,	3
or din orbit		2500		R AS A CONSEQUE								
y the attend e remove co cremation, of		Canditians, if any, which gave rise to immediate	(b)_	presume	(seg	05/5			1,00			
t the		couse (a), stating the underlying cause lost.		RAS A CONSEQUE	NCE OF							
es that the ned by the please rei urial, crem			107	Dicheles								
n signe Then p to bur	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>Co</u>	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO	THE TERM!	INAL DISEASE OR	CONDITION	I GIVEN IN PA	ART Ita	
w re been mit. T prior	ATE	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY	? 20b. I	IF YES, WERE I	FINDIN	GS USED
hos hos	CERTIFICATION							YES NO		YES [AUSES	OF DEATH?
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Sicial Para Para Para Para Para Para Para Pa	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	м.	19							
PHYSIC rending r this cer the buria and Meni	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CIT	Y OR TOWN	cou	INTY	STATE
MG PH Affer this os the l	1	AT WORK NOT WHILE							-			
NO OF		220 I certify that (1) (this besp	11 /2	e deceased fram_	PZ . 01		982		127		, ,	hot (1) (we) las
ATTE Sprit SCTO d for		saw the deceased glive ar obave, (I) (we'ddg)/(did no		ofter death.		d that in (my) (dur	+opinian a	leoth accurred on	the date and			
OR DIRE		22b. SIGNATURE	10/		111	DEGREE ATTE	NDING _	MEDICAL	STAFF	226.	DATES	TEL
ITAL by the RAL Stote	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	em	Pol	PHYS 22e ADDRESS	SICIAN [DIRECTOR P	HYSICIAN	2 /	2/2	1
NO HOSPITAL TO FUNERAL should be deto with the Store	1	My 6- al	Shea			//n/	10/2/	moin	ACIA	1 16	XI	tal
Short Short	230	BURIAL, CREMATION, REMOVAL	123b. DATE	1236 1	NAME OF C	EMETERY OR CREA	MATORY	123d. LOCATION	DY IUI	1/-	1	0000
15/RP	1.34.	Burial	12/3					Land	sdown	, Md.	Y	STATE
/0/5	24 F	UNERAL DIRECTOR	- 2/3		16. 7	ion Cem	250. DATE	REC'D. BY REGIS	TRAR 256 RE			JRE •
DHMH - 16 50M 4/82 (VRA 15, 4)		Wm C March F	/H 11	O1 E. No	orth	Ave.	1	4N - 319	83 00	hund	1- 13	help
	1		,									

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Linear Sty 11 Style S. Ca. Chery China Committee of the State of the State of the Cartestan State of the Cartestan State of the State o he he wallendered traited the the mail Joseph Le Mars 2222 region the co



within 24 86

the death certificate be executed

leguires that

TO HOSPITAL OR ATTENDED PHYSICIAN. The low retained by the hospital or attending physician.

DHMH - 16 50M 1. (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been ogned by the attending physician and completely filled in by the habild by detached for use on the furnal-transity permit. Then please remove carbon papers. Page (Tand 2 shauld be slited as with the State Dept. of Health and Mental Prygene prior to burnal, cremation, as removal.

1				4	SIAII	OF MARYLAND		-	1-4	žara.		es da -
1-	FOR STATE					EALTH AND MENTA		IE Ö	2	3		0 8
	REGISTRAR				CERTII	ICATE OF DEATH			REG. NO			
DEC	CEASED NAME	FIRST	WIDDLE	-17710	L	AST	20	. DATE OF DE	ATH A	NONTH E	DAY YEAR	2b HOUR
(111-6	OR PRINT) Ruth		Beatrice	e Bl	ack	well		Dec.	3.1	982		6;30p
SEX			4 RACE		5. DATE C		6.	AGE (IN YEAR			IF UNDER I YEAR	IF UNDER 24 HRS
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CII	TY OR TOWN OF DEAT	ГН		AL, NURSING	HOME C	R OTHER INSTITUTION	N 12	USUAL OC			12b. KIND (OF BUSINESS O
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n W	'AS DECEASED EVER II	NIIS ADA		OCIAL SECUR	ITY NO	17. INFORMANT			ADDRES	S	7	1216
(1)	OR UNKNOWN)			L2-28-			-+ T	Clam e d			T-12.	
	110			12-20-	1774	Elliot	، ل يا ر	· PIIIT	un -	T051	лике	Tana S
7	8 CAUSE OF DEATH	(Enter onl	y one couse per line to	r to i. (b), and	CIT						APPRO)	ONSET AND DEATH
- 1	PART I. DEATH WA	SCAUSED	RY	1		1221						Original Deliver
- 1	05-	MMEDIATI	CAUSE (a)	andra	- Uil	1047			-			
- 1	2830		DUE TO, OR AS A	CONSEQUEN	ICE OF	0 1.	1					
- 1	Canditions, if any,	which	((b) Are	romo ox	enus	elamen -	ash	many	es			
н	gove rise to imme	ediate					1	40-176-1				
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zΙ	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CONTRIB	BUTING TO DE	ATH BUT	NOT RELATED TO THE	E TERMINA	AL DISEASE O	RCOND	ITION GIVE	EN IN PART 1	0
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CERTIFICATION	190 DATE OF OPERATI	ON	196 CONDITION	FOR WHICH O	PERATIO	N WAS PERFORMED		20a. AUTOPS	Α3		WERE FINDI	
3								YES [] N	оП		TING CAUSES	NO T
1	21 a. ACCIDENT WAS UNDE	RLYING [216 TIME OF INJU	RY		21c. HOW INJURY O	CCURRED					
	OR CONTRIBUTING C				YEAR			1 Clark Inch	C CI WATORT	IIEM ID F	VATAN(2)	
1	(IF EITHER NOTIFY MEDIC		P.M.		19						100	
MEDICAL	21d INJURY OCCURRE	D	21e. PLACE OF INJ		M ETC)	211 LOCATION		C	ITY OR TOW	'n	COUNTY	STATE
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ŀ	22a. I certify that (1) (al) attended the deep				81	. 12	1		10 85	
						19		, 10				that (I) (we) la
- 1	above, (1) (we) (di	d) (did nat	view the body after d	leath.	, or	d that in (my) (our) op	pinion dea	in accurred o	n the dot	e ond hour	and from the	causes stated
- 1	226 SIGNATURE	0	A			DEGREE					22c. DATE	SIGNED
	1 carales	3	Mar. M	181		ATTENDI	ING AL	MEDICAL	STAFF	ANI	121	7/X2 -
1	MANUAL PRIVATE NAME OF THE PRIVATE O	ME ITYPE A	O INT			PHYSICI 22e ADDRESS	IAN KA	OIRECTOR [rut2iCI	AIY		700
	Dr. John	7 Tih	obler				lom e =	of old T				
	TOTAL O CITT	رد د.	pprer			Union M	emor	Tal E	osp	ital		
lo Bi	URIAL, CREMATION, R	EMOVAL	23b. DATE	23c NA	ME OF C	EMETERY OR CREMAT	TORY	23d. LOCATIO	N			
B	urial		12/8/198			s Mem. P		Ra CITY OR 1	move 3	0 00	· Mar	STATE
			1//	411	Duvi							
4 FU	NERAL DIRECTOR	1 4	11	ADDRESS						SEGISTE	RAR'S SIGNA	TURE
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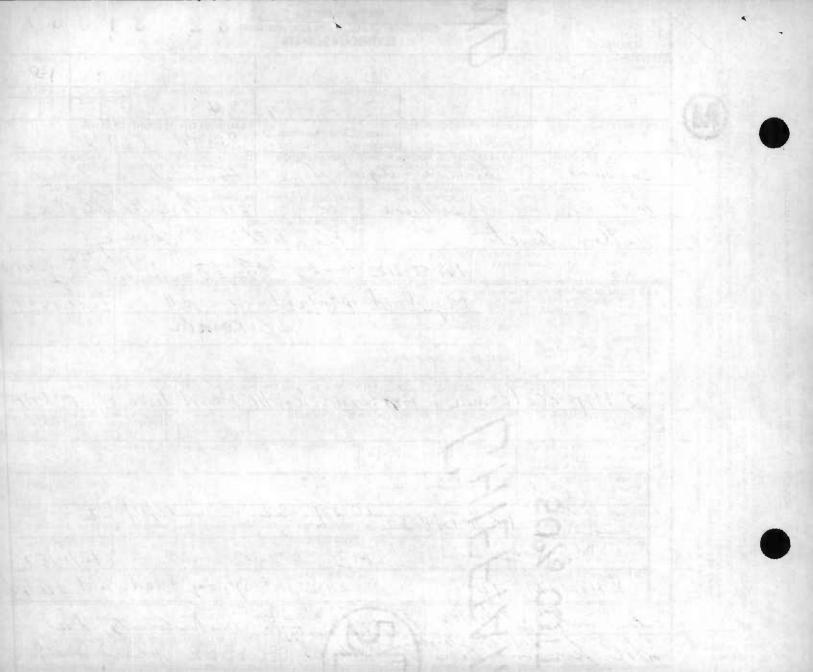
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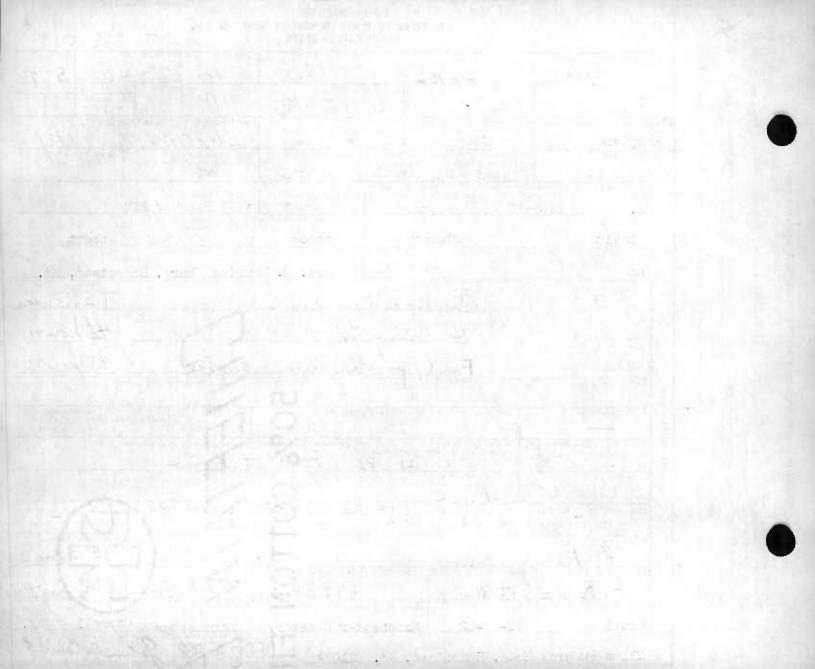
THE REPORT OF THE PARTY OF THE

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18	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTS AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3 0	3 /
2 7 5		CEASED NAME FIRST	WIDDLE	Bland		MONTH DAY YEAR	26. HOUR
de 4 may	3. SE	x Female	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 12 0 1897	6. AGE (IN YEARS LAST BIR	(HDAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
earth. Po	70-8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED □ NEVER MARRIED □ WIDOWED □ DIVORCED □	9. BALTIMORE CITY O		MD.
S offer d	10. 0	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORMING LIFE) INDUSTRY	BUSINESSOR
aND 212	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR JOW	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	le Heights	he:
MARYL mpletely and 2 sh	14. E	nather's NAME Nathan Su	middle to the	15. MOTHER'S MAIDEN NA	AME	Levine LAST	
BALTIMORE, are be execut rsician and ca ppers. Poges val. t, the medical		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES, GIV	MED FORCES? 166 SOCIAL SECU /EWAR OR DATES) 168-50-	10. 0/1 8/	aldman ADDRE	berest hh	(21208)
201 W. PRESTON ST., BAL es that the death certificate bed by the ottending physici please remave corbanapaper urial, cremotion, ar remaval., or ather traumatic event, th		PART I. DEATH WAS CAUSE	ply one cause per line for (a), (b), and DBY: IE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	oid Metapla NCE OF Le	rsia will ukemia	Since.	ANTE INTERVAL NSET AND DEATH
L RECORDS, le low require nn. has been sign permit. Then premit and prior to bu	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART 2 HAPPEN CO.	alcemia; A	DEATH BUT NOT RELATED TO THE TERY TENTOS CLESTON OPERATION WAS PERFORMED	d A	USCASE WITH 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	GS USED
HYSICIAN: The HYSICIAN: The Hysician are certificate buried-fransit is Mental Hygin or Hen 18 shc	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE NOT WHILE		19 211 LOCATION	RRED (ENTER NATURE OF INJUL	LY IN ITEM 18 PART I OR PART 2)	STATE
R ATTENDI hospital or IRECTOR: A hed for use ept. of Heal 21 is m		22a.1 certify that Withis hospi	tal) attended the deceased from 12/11/19 8	DEGREE		ate and hour and from the c	
HOSPITAL ined by th FUNERAL uld be det		22d, PHYSICIAN'S NAME TYPE C		MD ATTENDING PHYSICIAN 220 ADDRESS 2-110 PM	Spring &		21093
7 89-	1	HURIAL CHEMATION REMOVAL	13h 9414/12/82 13h	AME OF CEMETERY OF CREMATORY		County, 1	a HAM
DHMH - 16 50M 4/82	24.1	UNER A DIRECTOR	010 Keyterston	- Polt 2 9 DE	TE RECD. BY REGISTRAN	Telispian Signatu	hill



5) - STA				DEP	ARTMENT OF	TE OF MARY HEALTH ANI FICATE OF	MENTAL HYG	IENE 8	REG. NO.	3 1	88-0	8 8
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LAND 213 in 24 hou y filled in should be	31	130. STATE		Carro	ſΥ	13c. CITY OR Hamps	NWOT	13d. INSIDE	CITY LIMITS?		ADDRESS Hanover	Pike		
e, MARY uted with complete	10060		PECEASED EVER	114	IDDLE	Sham			anda	ME	ADDRESS		Abbott	
LTIMORE be exection and its. Pages	2 medice	(YES, NO	OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-2	24-756			laurice		Hamps		Md.
the death cerr the attending	ial, cremation, or remava or other traumatic event, t	Con	AUSE OF DEAT ART I. DEATH W P 800 ditions, if any, he rise to imm se (a), statin erlying cause	MMEDIATE which nediate g the	DUE TO, O	Card RAS A CONS Head	SEQUENCE OF	Dayry	Homo	~	ρ		APPROXIMATI BETWEEN ONSI 1-2m 48 he	mutes
IL RECORDS, 201 W the low requires that on. has been signed by the permit. Then please	ony injury,	PAR	2. OTHER SIGN	NIFICANT CO			G TO DEATH BI	7	ED TO THE TERM	20a AUTO	PSY? 20b.	IF YES, WE	RE FINDINGS CAUSES OF	S USED DEATH?
VISION OF VITA G PHYSICIAN: Th offending physicic er this certificate the burial-transit	or Item 18 sh	OR C		CAUSE OF DEAT	P. 21e. PLACE	M. MONTH M. 12 OF INJURY REET, FACTORY, O	H DAY YEA	R		RED (ENTER NA	CITY OR TOWN		OR PART 2)	STATE
Spiral or CTOR: A for use	is mor	220.1	certify that (1) saw the decease above, (1) (we) (c	(this hospite	ol) ottended th	2 3		ond that in (m	19. 82 y) (our) opinion					
TO HOSPITAL OR A retained by the hor TO FUNERAL DIREI should be detached	with the State Dep	22d.	PHYSICIAN'S NA	ME (TYPY OR	The	<i>b</i> ,		220 ADDR		MEDICAL DIRECTOR (PHYSICIAN [eeno	12-2	3-8-2
BP	, <u>s</u>	Bui	rial	REMOVAL	135. DATE	82			emetery	Man	chestor	Car	roll	STATE Md.
DHMH - 16 50A (VRA 15, 4			ALDIRECTOR LAME Line Fun	eral I	Home, H	ampste	ead. Md.	2107	n		1982 25b. R	John Shares	g. G	will



	STATE OF MARYLAND
OR .	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TATE COSTRAR	CERTIFICATE OF DEATH

		REGISTRAR				CERTIF	ICATE OF D	EATH	REG. NO	D		
		CEASED NAME	DWAI	-	MIDDLE	BLou.	NT		2a. DATE OF DEATH	MONTH DAY	-82	26. HOUR 10:45 AM
	3 SEX	MALE	4	RACE B/	ack	5. DATE C		YEAR O4	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
7	1/	PLACE (STATEORY) HI CARO	ling	U S A	WHAT COUNT	MARRIEI WIDOWE		ARRIED 🗆	BAHIMORE CITY O			.ty MD.
7	Ва	TY OR TOWN OF DEA		LuthEl	PAN GIVES	HOSPIT	FAL	TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126. KIND C INDUSTRY	OF BUSINESS OR
5	130 5	SIDENCE (IF NURS STATE Md	13b COUNT	THER INSTITUTION Y	Baltim	TOWN		NO 🗌	13e STREET ADDRESS 4017 Life	ety Ho	Sts A	PUE
P)	N/A	M	DDIE	LAST		15. MOTHER'S	RSI	MIDDLE		LAS	51
1		VAS DECEASED EVER YES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	243-16	6-097/	17 INFORMAN		1500 Pentr		l Apt	103
	NO	Conditions, if ony, gove rise to imm couse (a), statin underlying cause	nediote ig the last.	(b) DUE TO, OF	R AS A CONSE	EQUENCE OF	olon -		ell Bowl of			0
1	CERTIFICATION	190 DATE OF OPERAT	TION	196. CONDI	TION FOR WH	TICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES	NGS USED OF DEATH?
-	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING CAR (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR NOT WH AT WOR	CAUSE OF DEATH	P.A 21e. PLACE C	M. MONTH	DAY YEAR 19 FICE, FARM, ETC.)	211 LOCATION STREET	1.9	D (ENTER NATURE OF INJUR		(COUNTY	STATE
		22a I certify that (1) saw the decease above, (1) (we) (d	(this hospita	2 - 3	30 1		d that in (my) (19 <u>82</u> our) opinion de	eath occurred on the do	30, 19.	8-2,	that (I) (we) last causes stated
	100	226. SIGNATURE	Sho ME (TYPE OR P	4		C		TENDING HYSICIAN [MEDICAL STAF		22c. DATE	30/82.
			RC	ñ - St	HAH		Luth		Hospite	l B	Action	nof 5
	23a. B	URIAL, CREMATION, SPECIFY) Buria	a 1	1/5/8	3	Arbutus			Arbutus	c	OUNTY	Md STATE

DHWH - 16 SOM 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
William C. March Funeral Home 1101 E. North Ave

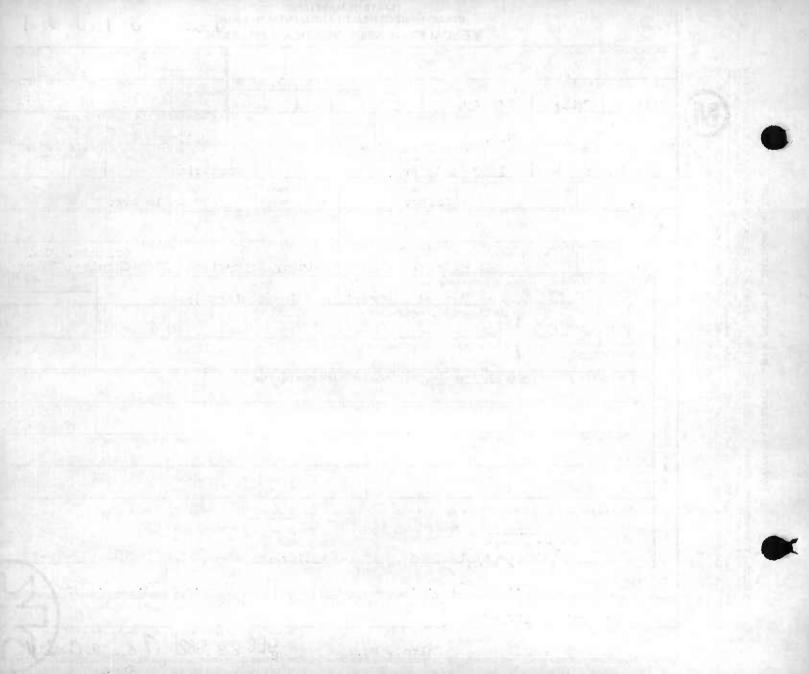
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(VRA 15, 4)

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		FOR			DEPARTMENT O	FHEALT	H AND MENTAL	HYGIENE 9	3 1	0 9 1
100		STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH REG	. NO.	0 , 1
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE KNOWN	MONTH X	DAY YEAR 26. HC
	(13)	CORPRINT)	JOSE	PH			BOATWR I GH	OF ESTI-	-	18 19 82
20	3. SEX		4. RACE	5. DATE OF BIRTH			NDER I YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH	DAY YEAR 24 HC
	Ma	ale	White	7/16/18	CAST BIRT	YRS. MON	THS DAYS HOURS	MIN. PRONOUNCED DEAD	12	18 19 82 3:2
r	76 B	IRTHPLACE (ST		76. CITIZEN OF WI	HAT COUNTRY?	Ta.	RIED NEVER MARI	9. BALTIMORE CIT	Y OR COUNTY	
Л	1	KEIGN COUNTRY)		U.S.		1	VED DIVOR		o City	
9	0. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HO	ME, OR OTI		120 USUAL OCCUPATION		26. KIND OF BUSINESS
Ì		Baltimo			CILITY, GIVE STREET ADDRES	5)		FOR MOST OF WORKING LIFE) Mortician		OR INDUSTRY
ļ	ESU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	Gable Ave.	SSION)	4			
J	13e. S	Md.	13b COUR	NTY	Balto.	1	13d. INSIDE CITY LIMITS?		0 70	
	14 F.	ATHER'S NAME			Barto.		15. MOTHER'S MAIL	ZZJO GUDI	e_Ave.	
Į	15	FIRST		MIDDLE	LAST		FIRST	MIDDLE		LAST
	16a V	VAS DECEASED	EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECUP	RITY NO.	17 INFORMANT	ADDR	ESS Orla	ndo, Fla.
ı		No	(# 763, 614	E WAR OR DATES)	262-12-2	198	Mickey 1	Boatwright 57		inal Guard
		18 CAUSE OF	DEATH (Enter a	nly one cause per line	far (a), (b), and (c),)					APPROXIMATE INTERVA
ı		PARTIDE	ATH WAS CALISE	ED BV.		oro+1	o cardiova	scular disease		BETWEFN ONSET AND DE
		429	1 IMMEDIA		AS A CONSEQUENC		Cararova	scutal disease		
7		Condition	16 h		AS A CONSEQUENC	EOF				
			s, if any, which e to immediate							
		cause (a)	stating the under		AS A CONSEQUENC	E OF				5 Cac 23 3 3 4 / 15
		lying caus	e last.	(4)						1 1 1 1 1 1
ı		PART 2 OTHER SIG	HIFICANT CONDITIONS	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TI	EMINAL DISEA	SE OR CONDITION GIVEN IN P	PART 1 (a)		
	Z					CHMINAL DISER	se on condition direction in t	ARI 114		
7	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OP	ERATION	VAS PERFORMED?			20 AUTOPSY?
·	- E									YES NO
þ	ERT	210. EXTERNA	CAUSEWAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART	
		UNDERLYING	OR		MONTH DAY YE	AR				-/
	MEDICAL	214 IN ILIPY O	IG CAUSE OF	21e PLACE O		211 10	CATION			
1	W	WHILE AT WORK	NOT WHILE		TORY, FARM, ETC.)		STREET	CITY OR TOWN	COUN	NTY STA
ı		AT WORK	AT WORK							^_
		1		an of the remains des	cribed abave, held an	Autas	sy , Inspecti	an X, Inquiry	and in my apir	
- 1		11-11					1 1			iidn
		death resulte	d fram: Natu	ural causes 🔼,	Accident,	Suicide	, Hamicide ,	Undetermined manner	_ .	
		ACTUAL	M	100 -			TITLE (SPECIFY)			
		SIGNATURE_	NV	VVVVV	1	^	A.D. Assistan	+ MEDICAL EXAMINER	DATE	12-19-82
1			11	. No					0.01.22	
-		EXAMINER'S I	NAME Ar	nn M. Dixo	n, M.D.		ADDRESS 111	Penn St.,Balt	o., Md.	21201
	23a.B	URIAL, CREMAT	ION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	Y STATE
		-	moval	12/26/82	1 1 1 1 1 1					
	24 F	UNERAL DIREC	TOR					REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SK	SNATURE
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8	1.	FOR • STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 3	1093
o e pe		CEASED NAME FIRST CATHER	TNF: N.	BOHN	12/02/82	7:3512
nay be poge 3	3. SE		I RACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
, 4 de .	3. SE	FEMALE	WHITE	AUG. 17 1918	64 YRS.	NTHS DAYS HOURS MIN.
oth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O BALTIMORE CIT	
s ofter de by the filed will	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HOE	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY
24 hound	13a	AL RESIDENCE (IF NURSING HOME OF	ROLL RESIDENCE BEFORE		130. 748 ADDRESHINGTON	ROAD
mpletely ond 2 sh	14. F/	THER'S NAME EDGAR	MIDDLE OHM LAST	15. MOTHER'S MAIDEN NA HELEN	ME MIDDLE DUI	L LAST
ond conditions of the second		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		ADDRESS IN WESTMINSTER.	
that the death certificate do by the extending physical lease remove corbon paper iol, crendition, for tempoval or other (GoungfieleVen).			DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF ANSTROCYTIC	FAILURE LYMPHOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne low requires on. hos been sign fermit. Then prefer prior to bu	CERTIFICATION	MULTIPO	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, V YES NO Y PSE	VERE FINDINGS USED NG CAUSES OF DEATH?
DING PHYSICIAN: The of offending physician After this certificate he os the buriderrosis is of the and Mentol Hygis marked or Item 18 sharm	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE ON OT WHILE AT WORK AT WORK		Y YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IB PARI	COUNTY STATE
TO HOSPITAL OR ATTENDING retained by the hospital of oit TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health of IMPORTANT: If them 21 is marken.		22a I certify that (I) (this haspi	Lamus TI	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	death occurred on the date and hour of the date and	nd from the couses stoted 22c. DATE SIGNED 12/2/8/2
with White	23a.	BURIAL CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	234 LOCATION	

MD.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

12-5-82

23c. NAME OF CEMETERY OR CREMATORY REST HAVEN

23d. LOCATION CITY OR TOWN HANCVER

COUNTY PA. YORK

STATE

FARCTON

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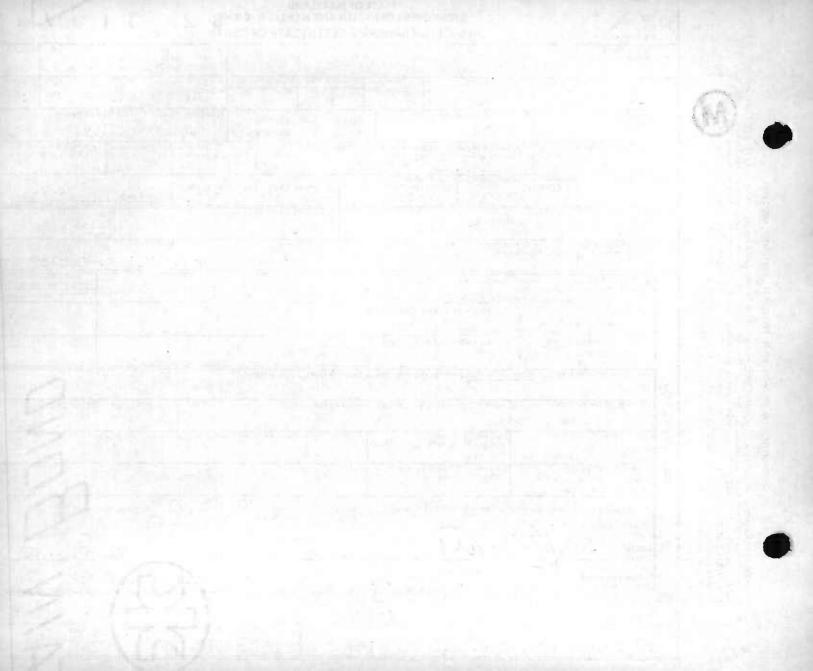
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Robert Try

25a. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DEC 1982

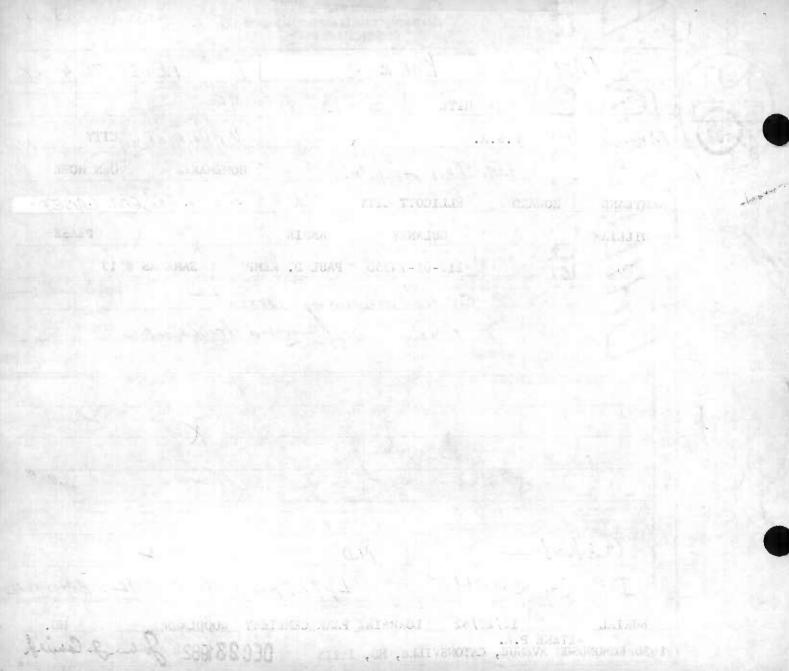
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	PER	3. SE	-	RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA	Y) MONTH	DER 1 YR.	IF UNDER		RONOUNCED DEAD			6 10 82	2d. HOUR
	W	7a B	RTHPLACE (STAT	Black Md.	12 19 76. CITIZEN OF WI	30 HAT COUN	ITRY?	1	-	VER MARRIE	ED 🔲	Balti	CITY OR CO		OF DEATH	PM
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21201	ANY IND 3	13a S		IN NURSING HOME O	DR OTHER INSTITUTION, GI	13c. CITY	or town alto.		13d. INSIDE (1 YESXIX	TY LIMITS?	13e, STRE	ET ADDRESS 3 S. S	prin	g S	t. 21	231
DRE, MD.	ATH. I		Bud Bud			ooke			Ma	-	NAME	MIDDLE		ndr:	icks	
BALTIMO	24 HOURS AFTER DE. ITEM 18. GIVE PAGE LONG WITH FORM PERMIT. PERMIT. PORTINION OF SIVEL.	(Y	vas deceased es, no, or unknow No	(IF YES, GIVE	MED FORCES? WAR OR DATES)		-90-1		17. INFORA		Mae :	Durphy	711	N.	Curl	
RECORDS, 201 W. PRESTON	DULD BE EXECUTED WITHIN 24 H "PENDING" IN PENCIL IN ITEM IFF MEDICAL EXAMINER ALONG ED AS A BURIAL TRANSIT PEN F HEALTH AND MENIAL HYGIEN AL, CREMATION, OR REMOVAL.	No	gove rise couse (a) st lying cause		DUE TO, OR	AS A CON	ISEQUENCE O	DF DF								
VITAL	꽃을요즘	CERTIFICATION	19a. DATE OF C		21b. TIME OF	INJURY	WHICH OPER	21c HC			D LENTER NA	ATURE OF INJURY IN	ITEM 18 PART I		20. AUTOPSY YES (NOXX
DIVISION OF	R: THIS CERTIFICATE SHOWNER TE, WRITING THE WORR TRWAREDED TO THE CH R: PAGE 3 SHOULD BE UP E. STATE DEPAGIMENT, D., 21201 PRIOR TO BUP	MEDICAL	UNDERLYING CONTRIBUTING 21d INJURY OC WHILE AT WORK	CURRED	DEATH P.M.			21f. LO	CATION			CITY OR TOWN		COUNTY	ΙΆ	STATE
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2		death resulted ACTUAL SIGNATURE EXAMINER'S N	from: for	Hormez R	Accident	, Sui	Autops cide	TITLE (S	istan	Undeter	Inquiry		ATE IGNED_	12/7	/82
030	BP	(:	URIAL, CREMATION BURIAL DIRECTION NAME	ON, REMOVAL 2	3b DATE 12/10/8	23c. M	NAME OF CEA It. Ca	AETERY OF	у Се	DRY M • 25a. DATE R	23d LOC CITY O A	rtion nne Ar REGISTRAR 256	unde	COUNTY	o., M	id.
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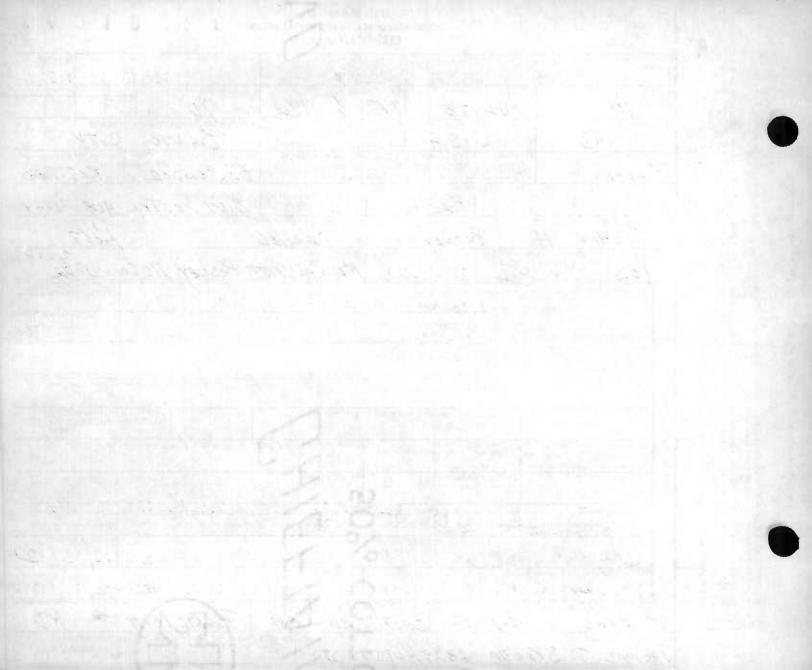


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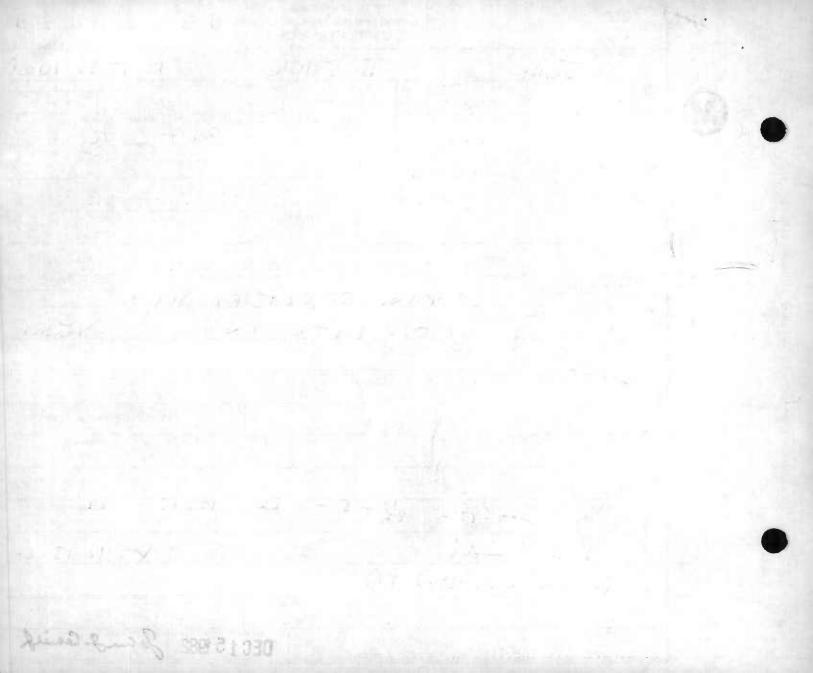
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age 4 may latar, pag after de	3. SE	FEMALE	4. RACE	W HITE	S. DATE O	- 23 - 87	6 AGE (IN YEA	RS LAST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS
d de Control	1	IRTHPLACE (STATE OR FOR COUNTRY)	U.S		WIDOWE		9 BALTIMOR	time R	CITY	MD.
Paris Paris		BALTIMORE	(IF NOT	TINSUCHFACILITY, GIVE	STREET ADDRESS)	AL		CCUPATION FOR MOST OF WORKING IAKER		OME
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ompletel)	ATHER'S NAME FIRST WILLIAM	MIDDLE		LANEY	ANNIE		WIDDLE	PE	ASE
ician ond ci ician ond ci ers. Pages of.	160	WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCE	(TES)	SECURITY NO. 01-7435D	PAUL D. K	EMP	SAME AS	# 13	
equires that the death certificate in signed by the attending physici. Then please remove carbon paper to buriol, cremotion, or removal. injury, as other traumotic event, the	7 NO	Conditions, if any, we gove rise to immed cause (a), stating underlying cause	hich liate the DUE T	TO, OR AS A CONS	EOUENCE OF	a, Infect		CONDITION G		,
NN. The law re hysicion. icate has been ransit permit. Hygiene prior	CERTIFICATION	190. DATE OF OPERATIO	N 19b. C	ONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a. AUTOP	IN CERT	ES, WERE FINDIN IFYING CAUSES (/ES	GS USED OF DEATH?
S PHYSICIA Intending p ar this certif the burial-to and Mental	MEDICAL CER	21a, ACCIDENT WAS UNDERIOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	SE OF DEATH HOU EXAMINER) 21e. Pt	IME OF INJURY JR A.M. MONTH P.M. LACE OF INJURY ME. STREET, FACTORY, OF	19	216. HOW INJURY OCCUR 216 LOCATION STREET		RE OPINJURY IN ITEM 18	PART OR PART 2}	STATE
OR ATTEN he hospitol DIRECTOR: oched for us Dept. of He If them 21 is	P	22a. I certify that (I) (the saw the deceased above, (I) (we) (did: 22b. SIGNATURE	olive on		19, one	that in (my) (aur) opinion EGREE ATTENDING	MEDICAL_	STAFF .		
O HOSPI	23a	22d PHYSICIAN'S NAM DR . (BURIAL, CREMATION, REA	51.08t	IAH.	23c. NAME OF CE	PHYSICIAN 220. ADDRESS LUTHER METERY OR CREMATORY	AN H			BETIMER
BP	24 F	BURIAL UNERAL DIRECTOR (JT)	12/	/23/82	LORRAIN	E PARK CEMET	ERY WOO	DLAWN SISTRAR 25b. R. C.S	COUNTY	MD.
(VRA 15, 4)	1	630 EDMONDS	N AVENUE	, CATONS V	LLE, MD,	21228	JEC 231	982 /	and l	shelf



14	1 - STATE		STATE OF MARTLAND NT OF HEALTH AND MENTAL HY	GIENE 8 2	3 1 0 9 7
y.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
256	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be	J(OHN HERBERT	BOSLEY	12	15 82 1:50 Am
ge 4 mo	1 SEX M	1. RACE	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
neral Po	COUNTRY MD -	11.50	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	CITY MD.
ofter d	BALTO.	11. NAME OF HOSPITAL, NURSING VAMC LOCH RAVEN,	HOME OR OTHER INSTITUTION IRESS) BALTO., MD	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING DACEN DEC	12b. KIND OF BUSINESS OR INDUSTRY
in 24 hours in 24 hours should be filled in by	USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD OUNTY	MISSION) 13d. INSIDE CITY LIMITS? YES 77 NO	3107 FOSTE	e AUE 2/224
E, MARYLAND cuted within 24 completely filles 1 and 2 should	14 FATHER'S NAME	HAIDDLE BOSLEY	15. MOTHER'S MAIDEN NA		4627
MORE, n and co	160 WAS DECEASED EVER IN U.S. (YES) TO OR UNKNOWN) (IF YE	s. ARMED FORCES? 166 SOCIAL SECURIT	· Ma Mlin	T BOSLEY 110	LOCUST DR
Fr, BALT inficate b physicia n papers maval.		er only one couse per line lar (a), (b), and its AUSED BY: DIATE CAUSE (a)	usquita	acrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST he death certi me ottending is mation, or rer r troumatic ev	4310	DUE TO, OR AS A CONSEQUENCE	Est line h	monshor	, 2dap
W the second	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	e DUE TO, OR AS A CONSEQUENCE	CE OF	The state of the s	
RDS, 201 equires that a signed by Then pleas to to burial, injury, or a		NT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TER/	minal disease or condition G	IVEN IN PART 10
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this centificate has been sig as the buriol-transit permit, Then th and Mental Hygiene prior to b arked or fem 18 shows any injury	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
N OF VITAL R SICIAN; The I ng physicion. centificate has rid-fransit pe ental Hygiene frem 18 shows	OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
VISION G PHYS Grethis certhis certhis cond Mee	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE ME	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVATENDING spital or at CTOR: After use as I for use as a few Health or at 1 is mark	22a.1 certify that Xi) (this i		December 13, 1982	to December 15	our and from the causes stated
OR he ho	obove, XI) (we) (did) XI.	XXXX view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL etained by the TO FUNERAL should be detained by with the State	226 PHYSICIAN'S NAME (TYPE/OR PRINT)	PHYSICIAN 270 ADDRESS	DIRECTOR PHYSICIAN	110/15/02
TO HOSP retained 1 TO FUNE should be with the 1	23a. BURIAL, CREMATION, REMO	NELSEY 1230 NAV	ME OF CEMETERY OR CREMATORY	Raven Blud., Balt	timore, MD 21218
BP	BURIAL 24 FUNERAL DIRECTOR	12-18-82 Bizz	TIMORE CEM.	TE REC'D. BY REGISTRAR 286, RECA	STRAR'S SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)	THE MAKE T	Troins 2539 His	DEAL ST. DE	C171982 John	und lawy



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t 3	I. DE	OR PRINT)	141	MIDDLE	一下	AST	20	DATE OF DEATH		7 PZ	10 as
poge 3	3 SE		4 RACE	н.	5. DATE C	OF BIRTH	6 /	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
(Ash)		male	Bla	ck	MONTH 5	10	16	6	6 YRS	MONTHS DAYS	HOURS MIN.
MAL		RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COU	NTRY? 8	NEVER MARI	RIED 9 E	BALTIMORE CITY C	- 1110	OF DEATH	
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filled in outd be must be	9730 S	TATE 136	OME OR OTHER INSTITUTION COUNTY	13 CITY OF Balt	e before admission) R.TOWN IMOTE	13d INSIDE CITY L	IMITS? 13e	STREET ADDRESS 1912 N. P	ayson	St.212	17
and 2 sh and 2 sh xuminet		THER'S NAME	WIDDLE	LAS	ST	15 MOTHER'S MA		MIDDLE		LAS	
es lo	160 V	AS DECEASED EVER IN L	J.S. ARMED FORCES?	16b SOCIAL	SECURITY NO	17. INFORMANT		ADDRE	SS		
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prior any ir	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR W	VHICH OPERATIO	N WAS PERFORME	D :	20e AUTOPSY?		, WERE FINDIN	
ows	TIFIC						,	YES NO		YING CAUSES	NO [
OT 8		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	110110 4		H DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
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ond	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, ETC.)	STREET		CITY OR TOV	M	COUNTY	STATE
eaith s mor		22a.1 certify that (h) (this	hospitol) ottended t	he deceosed	from 12	-5 , 1	O PR	to 12-1	3 -	19	that (I) (we) lost
of H n 21 j		saw the deceased of obove (ill (we) (did))	did fati view he body	after death	19 , or	d that in (my) (our) opinion deat	h occurred on the de	ote and hour	r and from the	couses stoted
at DIRECted interpretation of the Dept.		276. SIGNATURE	L Kr	M				MEDICAL STAI		22c. DATE	SIGNED
should be deta with the State IMPORTANT:		22d. PHYSICIAN'S NAME	A BOL	AN	070	22e ADDRESS					
O Show	23a B	URIAL, CREMATION, REM	OVAL 236. DATE		23c NAME OF C	EMETERY OR CREM	AATORY 12	23d. LOCATION			40.00
	(:	BURIAL	12/1	7/82	Md. Ve	teran Cem		Crownsvi		COUNTY	Md.
OM 1/75		INERAL DIRECTOR		ADDRE			25a. DATE REC	1 5 1982	25b R GISTI	RAR'S SISNA	RE
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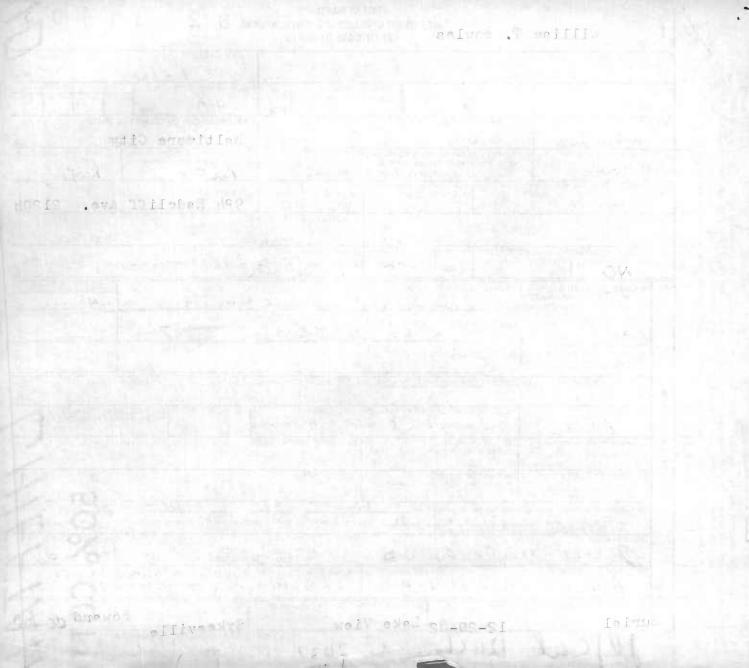
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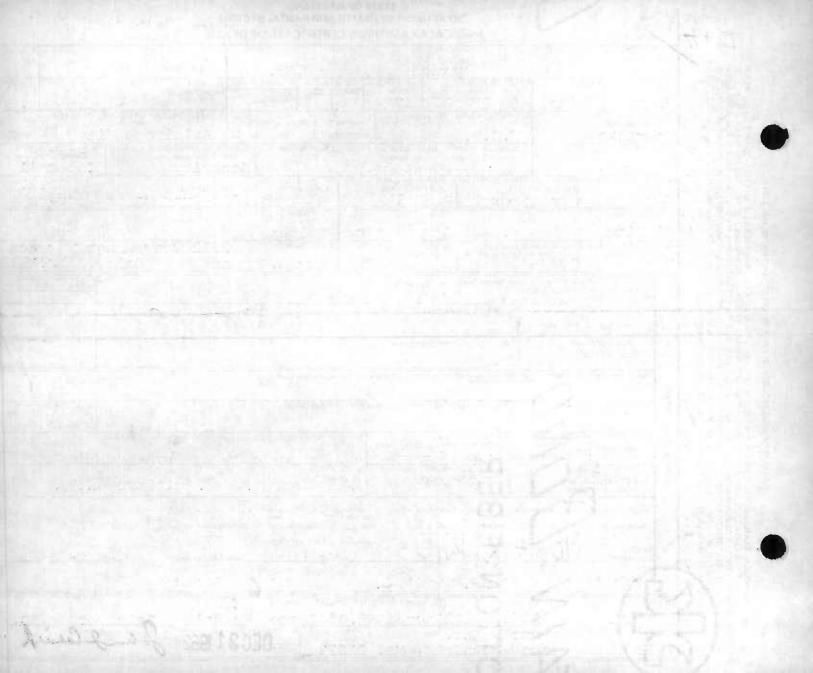
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)	1 SE	× M	4 RACE BLA	W S. DA	TE OF BIRTH NTH DAY START	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UN MONTHS DAYS HOU
35	MA	IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76 CITIZEN OF WH	A. MAI	RRIED NEVER MARRIED X	BALTIMORECITY OR COL	C TY
47	BA	LTIMORE	(IF NOT IN SUCH FA	PITAL, NURSING HOP CILITY, GIVE STREET ADDRESS	SINA!	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	INDUSTRY
35	13a	AL RESIDENCE (IF NURS THE INC. STATE ARYLAND		RESIDENCE BEFORE ADMISS. CITY OR TOWN BALTTMORE	ON) 13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	AVO
030	14 F.	ATHER'S NAME FIRST JAMES	MIDDLE	BOWTE	15. MOTHER'S MAIDEN NA FIRST SARAH	MIDDLE	LAST
2	1	WAS DECEASED EVER IN U.S.		SOCIAL SECURITY N		ADDRESS	napolis, Md
mas a	1	C . 19	DUE TO, OR AS	A CONSEQUENCE C	VERE A.	Colma	
ry, o	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	(c)	A CONSEQUENCE C	F	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
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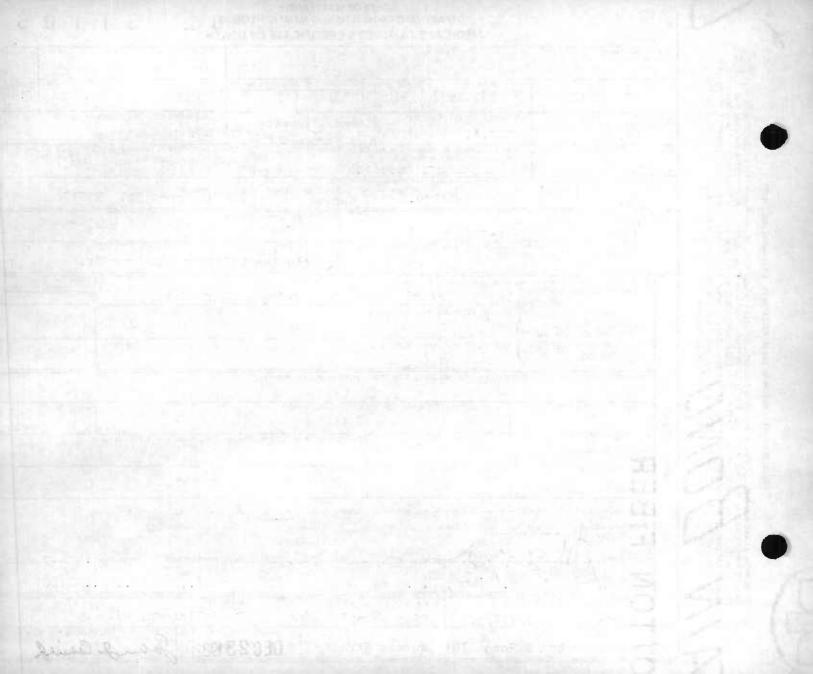
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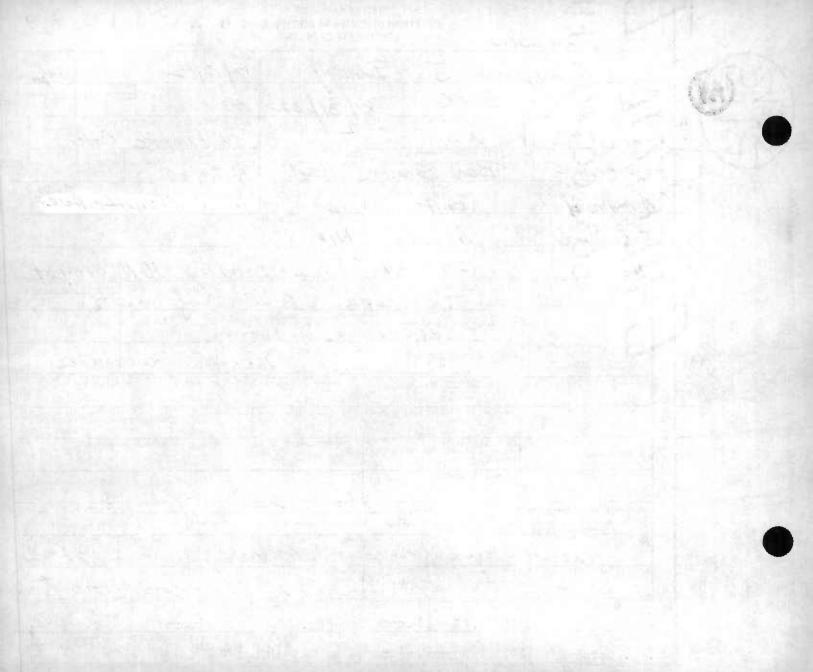
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWNX XT 2b. HOUR (TYPE OR PRINT) ESTI-12-19-82 DEATH MATED Marion WILLIAM 4 RACE AGE (IN YEARS IF UNDER 24 HRS DAY DATE LAST BIRTHDAY PRONOUNCED Male White 8 29 25 57 DEAD YRS 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Nebraska U.S.A. DIVORCED X Baltimore City WIDOWED CITY OR TOWN OF DEATH LINAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Baltimore Security Intern'l SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21222 No. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk Maryland 2512 Gray Manor Terrace NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William LAST MIDDLE M. Bowman, Sr. Zelpha Spurgin 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 2512 Grays Manor Terrace (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 1943-1965 505-26-3704 Mary L. Bowman Balto., MD. 21222 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE ATION, OR REMOVAL. IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING TO AUSE OF DEATH 3:50AM 12-18-82 subject struck by unoperated vehicle 21e PLACE OF INJURY 21d INJURY OCCURRED parking lot 4425 North Pt. Blvd. Baltimore Co. Md. WHILE AT WORK FUNERAL DIRECTOR: TER DEATH, WITH THE S LTIMORE, MARYSAND. 22a I certify that I took charge of the remains described above, held on and in my opinion Accident XX death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED_12-20-82 MDAssistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, MD. 111 Penn Street (TYPE OR PRINT) AFT BAL 23a, BURIAL, CREMATION, REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 12/22/1982 Sacred Ht.Of Jesus Dundalk Burial altimore 24 FUNERAL DIRECTOR Duda-Ruck, Inc. **DHMH - 17** 7922 Wise Avenue Dundalk, (VR A15 ME (5)) MD. 20M 4/82







DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR JOHN EDWARD BRADY 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOUR5 Male Sept. 22. 1885 White 97 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 PATION 12b. KIND OF BUSINESS OR Baltimore St. Agnes Hospital Race Track Guard Race Track USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 4212 Baltimore Street Md. 21227 Baltimore Baltimore YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rose Ella Henry John Brady A. 16g WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST 213 34 8107 Doris C. Ralston Same as #13 (Daughter) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o arcinoma Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM NO F 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE TO 17s.1 certify that (1) (this hospital) attended the decaused from and that in (my) (our) opinian death occurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN St. Agnes Hospital. Baltimore. Md. 23s BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 12/10/82 Sacred Heart Cemetery P.G. Maryland Whitemarsh

Francis Gasch's Sons Funeral Home, P.A.

Hyattsville, Maryland

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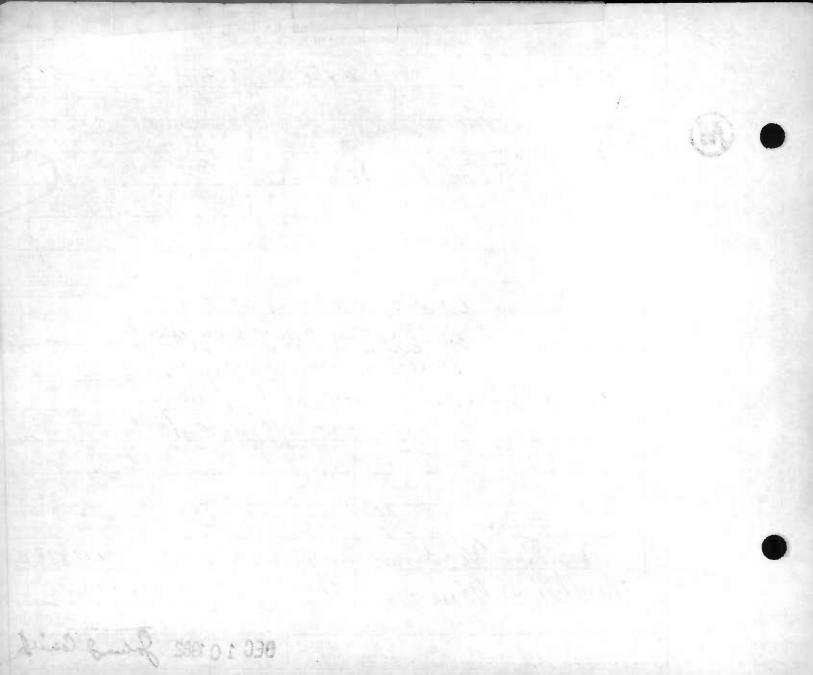
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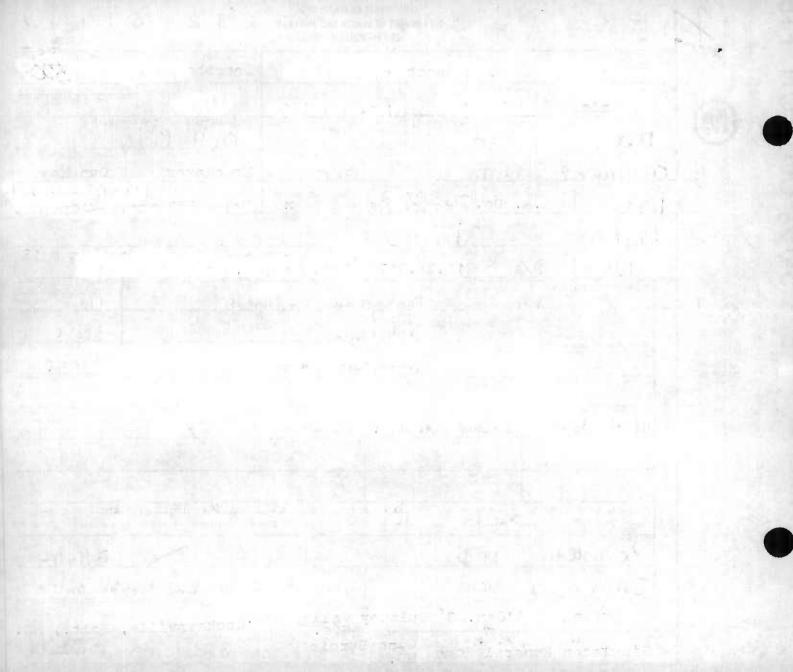
Sacred Heart Coactory Whitemarch P.G. Maryland

Wm. C. March F/H Inc. 1101 E. North Ave.

FOR



X.		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1109
th 3		CEASED NAME FIRST E OR PRINT) Mary	Antoinett	e Brazier	December 29,	1982 1 V50
moy Fe de	3 SE	-	4. RACF	5 DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
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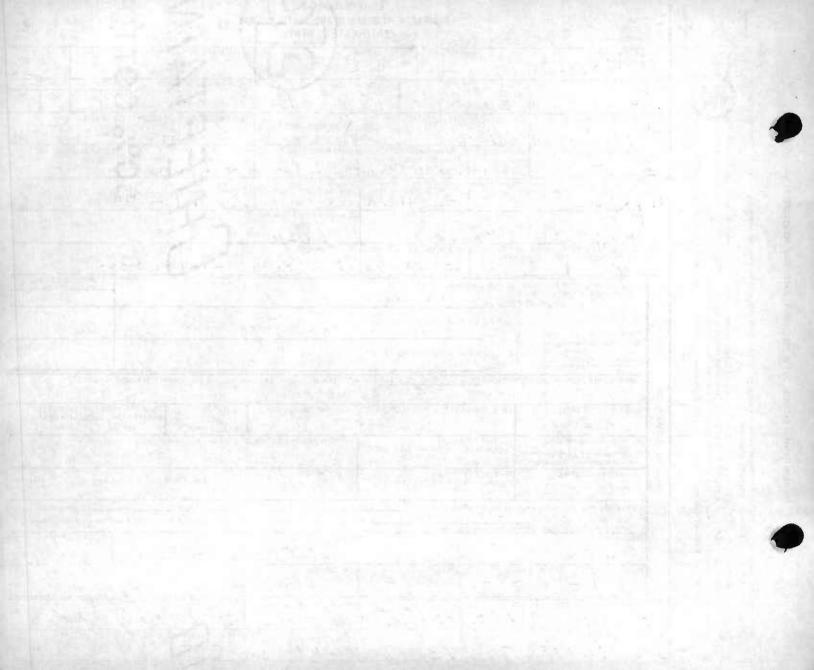
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT! Sto'll 4. RACE IF UNDER 1 YEAR 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAYS 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED mor WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS timore NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST no. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT BALTIMORE, medico (YES, NO OR/UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 51 andres IMMEDIATE CAUSE (o) 301 W. PRESTON ST. 1604 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate other cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 DIVISION OF VITAL RECORDS, CERTIFICATION 0 ARCINON/ 4416 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mentol Hygiene ANCER NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 iệ. MEDIC 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from _, that (I) (we) lost saw the deceased alive on and that in (my) (our) opinion deoth occurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death DEGREE 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL TO FUNERAL C should be deta-with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (DIPEOR PRINT) 22e ADDRESS CORREI 230. BURIAL, CREMATION REMOVAL 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 (VR A 15 (4))



8	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	31116
de 3		ASED NAME FIRST MARY	MIDDLE.		ZITI S	20. DATE OF DEATH MO	SO BE 1230 AM
4 86	3. SEX	FEMALE	1. RACE BLACK	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS MIN.
Geath. Page	Čo	HPLACE (STATE OR FOREIGN UNTRY) S.C	76. CITIZEN OF WHAT CO	MARRIE WIDOWE		9. BALTIMORE CITY OR C	ORE CITY MD.
_ 4 1 4/	Bal	ror town of DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY,	SPITAL OF	BALIMORE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	
AND 212	USUAL 130. ST	RESIDENCE (IF NURSING HOME OF		OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS PAIR	EK HEIGHTS AVE.
MARYLA smpletely frond 2 spe	14. FAT	HER'S NAME N/A	MIDDLE	LAST	15. MÕTHER'S MAIDEN NA PIRST N/A	WIDDIE	LAST
, BALTIMORE, MARYLAND 2120 icate be executed within 24 hours hysician and campletely filled in by papers. Pages Trand 2 shelled be fill oval.		AS DECEASED EVER IN U.S. AR 5. NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 16b. SOC VE WAR OR DATES) 25	0-70-692	Pauline Jame	ADDRESS Prson 7805 Win	dbourne Drive
		8. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for (ED BY: TE CAUSE (a) SEP	o), (b), and (c).) SIS			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
RESTON e death e attendii move car rotion, or		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ABLE NEC	ECTIZING PANC	REATITIS	2 DAYS
RDS, 201 W. P equires that the n signed by the Then please re- r to burial, crem injury, or ather	NO	underlying couse lost. PART 2. OTHER SIGNIFICANT ((c)		NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0
VITAL RECOR	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN: The attending physicion rer this certificate he she burial-transit p tond mental Hygien ked or them 18 show		10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)
DING PHYSICIA or attending ph After this certified as the burial-in oith and wental	9	HILL NOT WHILE AT WORK	210. PLACE OF INJUR (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDING hospital or att RECTOR: After red for use as the spit, of Health a feet. 21 is marked to the 2		220.1 certify that (1) this hasp sow the deceased alive or above (1) (we) (did) (did no	12/29	19 02 01	d that in (m) (our) opinion	death accurred on the date	ond hour and from the causes stated
0 4 0 0 5		226. SIGNATURE Jask	frimmelher	en p	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAL	12/30/6
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: I		128. PHYSICIAN'S NAME (TYPE OF MARK	ORPRINT) HIMMELHEB	er MD	SINAL HO	SPITAL OF B	ALTIMORE
27/6BP	(5)	Burial Burial	1/4/83		emetery or crematory Memorial Pk	23d LOCATION CITY OR JOWN Baltimore	Co Md
DHMH - 16 50M 4/82 (VRA 15, 4)		veral director 1 1ia m C. March	Funeral Ho	me 1101 E.		AN 41983	John de Caluit

SUPPLIES TO PURE UP

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 4/B2

(VRA 15, 4)

REGISTRAR

DECEASED NAME

St. 21202 Exeter Jackson Annie Brockington 38 S. Exeter St. APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE (my) (our) opinion death occurred on the date and hour and from the causes stated 27 DATESIGNE PHYSICIAN DIRECTOR PHYSICIAN Md Baltimore 12/23/82 Mount Auburn Cem. BURIAL 24 FUNERAL DIRECTOR Wm. C.March F/H Inc. 1101 E. North Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

CERTIFICATE OF DEATH

REG NO

26. HOUR

12b. KIND OF BUSINESS OR

18

IF UNDER 1 YEAR

INDUSTRY

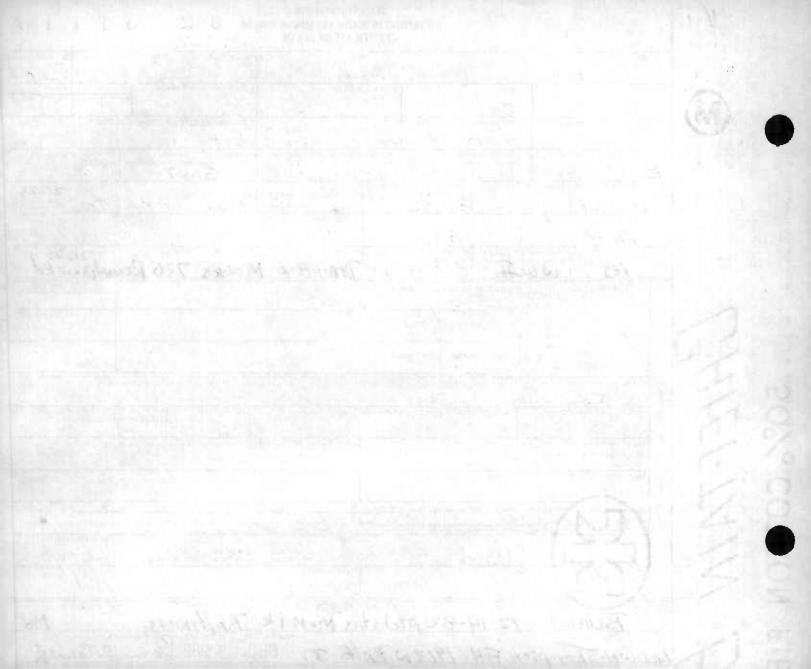
2a DATE OF DEATH

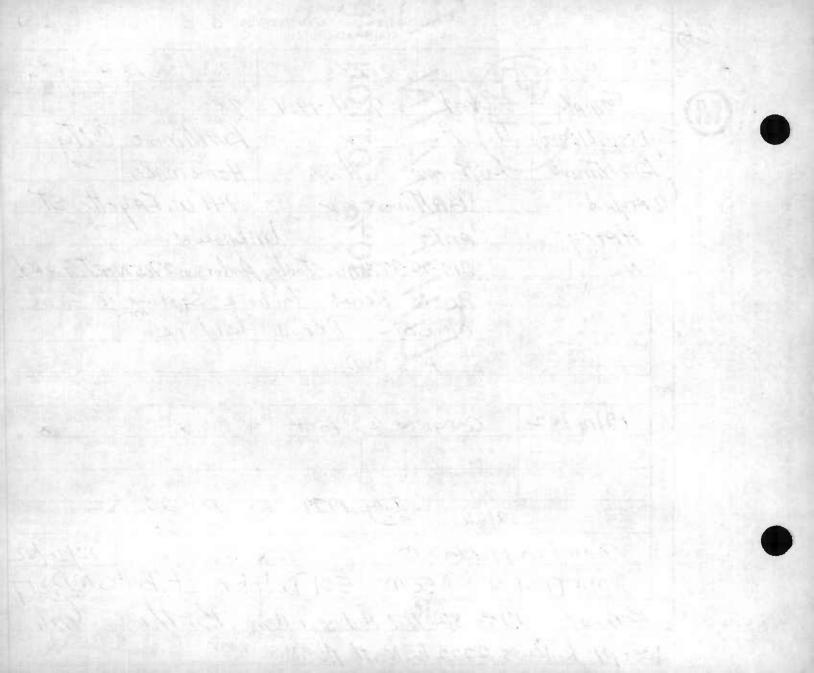
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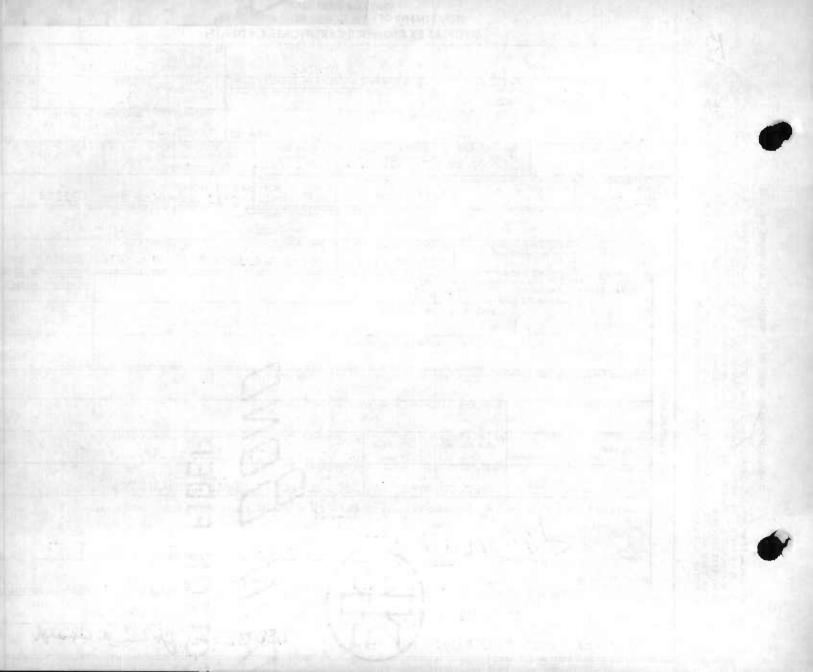
Tustasa 100 acoming the contract of the contra THE PARTY TO Standard Contract of the Contr ILU .. Sarhel Ourest 21830 1/2 L 310-01-03-0 1. Staffer, St. 7835 barkway 41. 19822 12/9/35 Boly Great Sectory Joint Rose, Buryland A L. L. C. Lincours Construction Color Construction Color Co

-d X1	١,	FOR	DEPART	STATE OF MARTLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 2	3 1 1 1 9
1	'	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
A 804		Benjar		Bronks	13	9 82 426 PM
	3. SE	x J	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
- (M)	7- D	RTHPLACE (STATE OR FOREIGN	Dlack	6 19 26	9. BALTIMORE CITY OR COUN	TV OF ATH
# 1000		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	19. BALTIMORE CITY OR COUN	IT OF DEATH
8 4 4	110. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
hours offer of in by the libe filed	E	Balt. City		of Maryland	GOUT.	
N 22 III	13a. S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13L CITY OR TOV	VN 134. HASIDE CITY LIMITS?	130. STREET ADDRESS	2/223
thur thur	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	J
4		milton	Breck	Julia.	WIDDLE	Ge 1/04.24
BALTIMORE, My interpretation and comp spers. Pages 1 an vol. r, the medical ex		VAS DECEASED EVER IN U.S. AF (ES, NO OF UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR SPATES) 2/9/2	0 11 -	MORRE 730 R	Poundinew Rd
, BALTI ficate b ficate b papers. naval. ent, the		18. CAUSE OF DEATH (Enter a	nly ane couse per line far (a), (b), a	nd jei.i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BAI		PART I. DEATH WAS CAUSI	TE CAUSE (a) RESpire	tory Arrest		44
RESTON e death ce to attending nove carlo traumatic		1931	DUE TO, OR AS A CONSEQU	ENCE OF		
PRESTON he death c emove cart matian, ar		Canditians, if any, which gove rise to immediate	(b)			
I W.P hat the by the ase rei I, crem other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
inec		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a
ORDS, ; require een sign it. Then to buy injury, y injury,	Ĭ N	Colen (-ancer			
has been perm	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO NO
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	E. E.	21a. ACCIDENT WAS UNDERLYING		AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)
ON OF VIII HYSICIAN: Iding physis as certificat burial-tran	CAL	OR CONTRIBUTING CAUSE OF DE	Ain	19		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM ETC } 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISI NDING P SI ar after the Use as the Health and is marked		AT WORK AT WORK		11/10	12/0	. 65 . 0
ATTENDING aspital ar a ECTOR: Afti d far use as 1, af Health m 21 is mart		220.1 certify that (1) (this hosp saw the deceased alive a	ital) attended the deceased fram.	and that in (my) (aur) apinia	n death accurred an the date and he	, 19, that(1) (we) last
OR ATTEN the haspital DIRECTOR Sched for us Dept. of Hem		above, (I) (we) (did) (did no 22b. SIGNATURE	at) view the body after death.	DEGREE		22c. DATE SIGNED
the I have been the Des		Louine 1	7 Salens	MY ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/0/67
HOSPITAL INTEGER by the FUNERAL I wild be detoned by the Store in the	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	- Sinceron - Transcard	11 0/1/
		Lawrence	Goldkind M	27 5 Gre	ene St. Bal	1 Md.
Of Ods M		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	236. LOCATION CITY OF JOWN	COUNTY ATATE /
120 >BP		BURIAI	1/2-14-82 A	reputus MeM PK	BA/HIMORY	Md
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	ADDRESS	· 7 // 1	EC 1 3 1982	STRAR'S SIGNATURE
(VRA 15, 4)	SP	DWN- Ihoma	ON TIM. 17/3	WIRDIN STILL	CO 1 0 1305 May	mor lancely





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH Rose Ann Brooks DEATH MATED 4. RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR 5 DATE OF BIRTH DATE PRONOUNCED female white March 28, 1929 12 1982 1:35 DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. DIVORCED X Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFET Baltimore Harbor water/Foot of Fells Street Secretary SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 13b. COUNTY 21234 Baltimore 3413 Woodring Ave Maryland NO [] 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Imperial Defeo Lucia Michael 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Miss Patricia G Brooks 8105 Sumter Ave 217-24-6408 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 DED TO THE CHIEF N E 3 SHOULD BE USED A DEPA WENT OF HE 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [21g EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR Drove automobile into water from pier CONTRIBUTING CAUSE OF DEATH P.M. 21f. LOCATION 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE Foot of Fells Street, Baltimore, MD harbor area Autopsy X 228. I certify that I took charge of the remains described obove, held on Inspection Inquiry and in my opinion Undetermined manner Accident Hamicide ___ death resulted from: TITLE (SPECIFY) 12/21/82 ACTUAL Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 EXECU-PAGE TO PU Hormez R. Guard.M.D. (TYPE OR PRINT) 13¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE STATE Baltimore, Maryland 12/24/82 Moreland Memorial Pk Burial 254 DATE, REC'D BY REGISTRAR 186 PEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland (VR A15 ME (5)) 20M 4/82



- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Marzullo Funeral Service Reisterstown.Md.

DHMH-10 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

LRAR 256/REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

completely filled in by the

1	1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 2	3	1 1	24
	{TYP	ECEASED NAME	FIRST PM	ES WE	ılter	B	BOWH	20. DATE OF DEATH	MONTH 3	DAY YEAR	26 HOUR 30 M
	3. SE	Male	16.0	White		5. DATE C	/ 21 /1898	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
35	J4 8	IRTHPLACE (STATE OR COUNTRY) Maryla		USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore City o	R COUNT	Y OF DEATH	MD.
4		Baltimore		Luther	an Hospi	tal	OR OTHER INSTITUTION	12a. USUAL OCCUPAT TYPE OF WORK FOR MOST			BUSINESS OR
35	USU 13a.	AL RESIDENCE (IF NURS STATE Md.	13b COUN		GIVE RESIDENCE BEFORE 13; CITY OR TOWN Baltimos	V	13d. INSIDE CITY LIMITS?	3427 Chest	nut A	ve.	
00	14. F	ATHER'S NAME Frank	L.	NIDDLE	Brown		15. MOTHER'S MAIDEN NA	ME MIDDLE	My	ers	
/		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 216-14-3		Mrs. Rose M.	Semler 34		estnut /	yę.
		18 CAUSE OF DEAT PART I. DEATH W 4140 Conditions, if ony, gove rise to imr couse (o), stofin underlying couse	MAS CAUSED IMMEDIATE which nediate ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF	lminary a lminary ex tic Heart	Mett dema Disease		APPROXIM BET WEEN O	IATE INTERVAL NSET AND DEATH
G	ERTIFICATION	PART 2. OTHER SIGN 190. DATE OF OPERA					NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YE	/EN IN PART 1:0 S, WERE FINDING FYING CAUSES (
9	EDICAL CERTIFI	216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A./ P./	m. month da m.	Y YEAR	21c. HOW INJURY OCCURR	YES NO	YE	s 🗆	NO []
34	ME	while NOT WHAT WORK AI WOI 22a. I certify that (I) sow the decease	(this hospite	(AT HOME, STR	e deceased from	10	d that in (my) (our) opinion of		2		STATE

DEGREE

23r. NAME OF CEMETERY OR CREMATORY

Pleasant Grove

22e ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The MRORTANT: If Hem DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Eline Funeral Home

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

Dec.

22b. SIGNATURE

Burial

23a BURIAL, CREMATION, REMOVAL

Reisterstown, Md.

1982

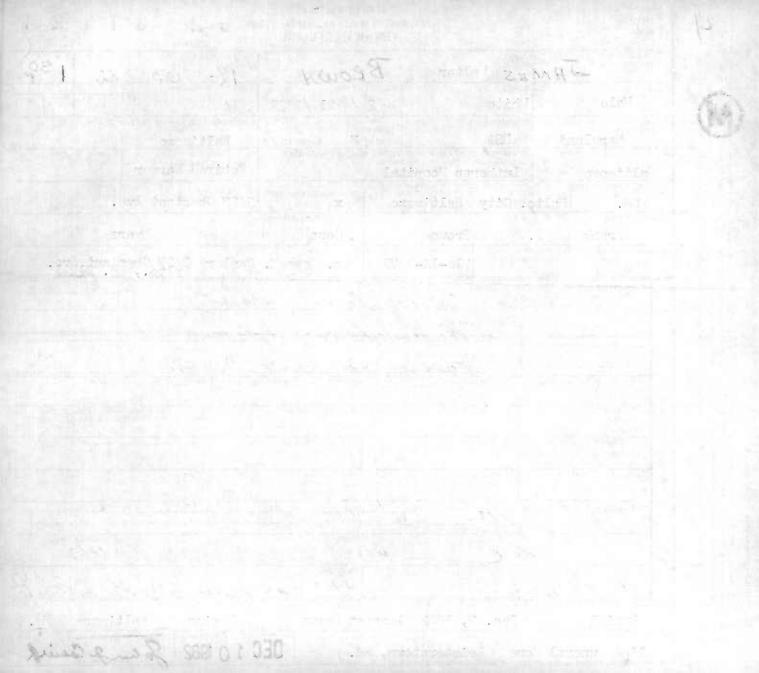
DEC 1 0 1982 1982

23d LOCATION
Boring

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Baltimore

12/7



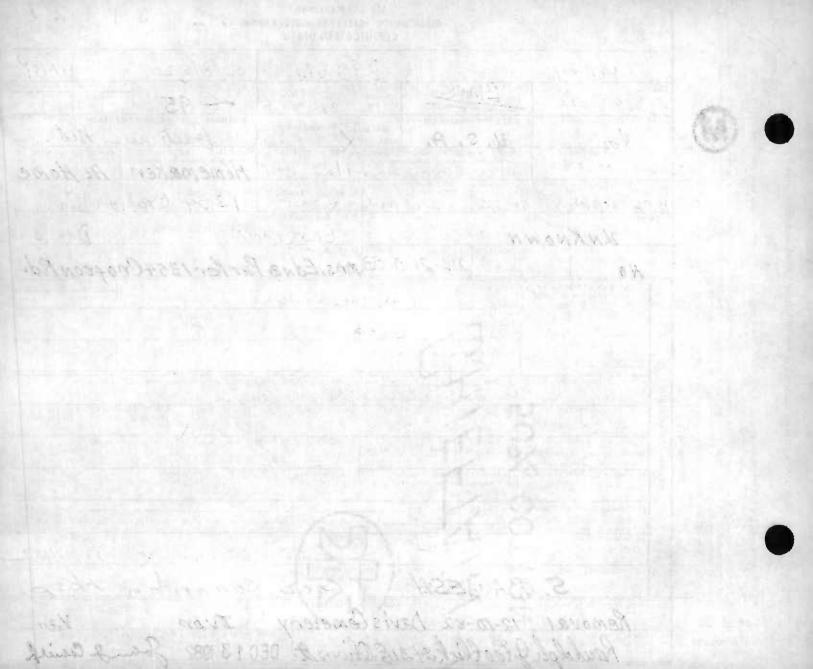
X	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 1 - STATE REGISTRAR CERTIFICATE OF DEATH	1125
ooge 3	1. DECEASED NAME FIRST WESLEY BROWN 12/29	DAY YEAR 2b. HOUR SAM IF UNDER 14 HES
- 1	MALE black The 66 YRS.	MONTHS DAYS HOURS MIN.
35	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY WIDOWED DIVORCED 0	Cily MD.
201 Is after notified with	Baito md 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GWE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) PATHOLOGY CURATO	
AND 215	OSUAL RESIDENCE (# NURSING HOME OR OTHER ADDITIONAL GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 132. INSIDE CITY LIMITS? 130. STREET ADDRESS 2 2 2 2 2 2 2 2 2 2 2 2	1215 unod NJ-
MARYLA pmpletely and 2 sh	IN FATHER'S NAME FIRST MIDDLE RYDUN 15. MOTHER'S MAIDEN NAME FIRST HELEN	Johnson -
be executed on and control of con	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 175 NO OR UNKNOWN) 1 F YES, GIVE WAR OR DATES) 25-09-0044 GERTRUDE D. BROWN (same as 1	
W. PRESTON ST., BALL of the death certificate by the attending physici se remove carbanpapes cremation, or remaval.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Second MANUAL CAUSE (a) Renal failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ned plecouried y, ar	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE PNEUMONIA; thrombocy topenia	
VITAL RECORDS N: The law requi vysician cate has been sig cansit permit. Thet Hygiene prior to b 18 shays any injur	N CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
DIVISION OF VITAL NG PHYSICIAN: The attending physician ther this certificate has at the burial-transit put and Mental Hygier th and Mental Hygier and an tem 18 shap arked or tem 18 shap and a shap a shap and a shap a	A CONCOURDING CONTROL HOUR A.M. MONTH DAY YEAR	ART I OR PART 2)
DIVISION OF DING PHYSICIA or attending ph After this certifi e as the burial-ti olith and Mental marked ar item	OR CONTRIBUTING CASE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK CASE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN CITY OR TOWN	COUNTY STATE
R ATTENDI haspital on RRECTOR: A hed for use ept. of Heal	220.1 certify that (I) (this haspital) attended the declased from saw the deceased alive an obove. (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE	19, that (I) (we)lost r and from the couses stated 22c. DATE/SIGNED
TTAL O THAT O SHOP THE CAPTOR O CAPTOR	Susan al. Wolfsthal MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS	12/29/82
to Hospi retoined b TO FUNE should be with the S	SUSAN D. WOLFSTHAL 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION	
15/1 BP	CREMATION 12/30/1982 GREEN MOUNT CREMATORY BALTIMORE CITY 24. FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 250. REGIST	
DHMH - 16 50M 4/B2 (VRA 15, 4)	WALTER BROOKS BRADLEY, INC. BALTO. MD	AR SSIGNATURE

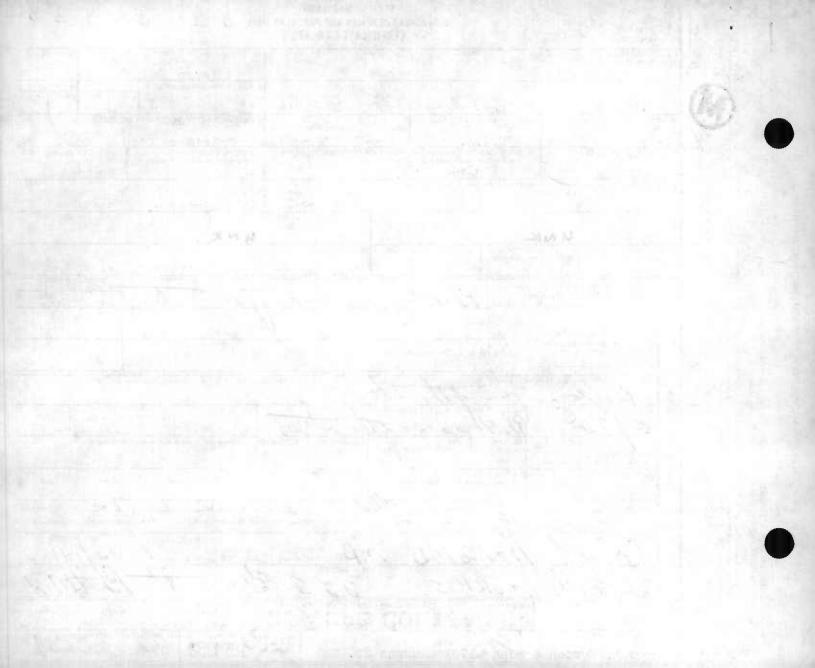
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	70 B	RTHPLACE (STATE OR FOREIGN 7) COUNTRY) The Carolia	b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
100		BALTIMORE	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS HOSPITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
RYLAND 2120 Annual 24 hours 12 should be one	13p	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 134. INSIDE CITY LIMITS? YES NO	2/22 F. North are
MARYL ted will completely ond 2 st	14. F/	THER'S NAME FIRST MI	IDDLE Brown 15. MOTHER'S MAIDEN NA FIRST	la Green,
TIMORE,		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	NED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAR OR DATES) 238-28-7727 Estella	M. Brown 2122 F Northa
equires that the deam S. Leade or signed by the attending physic. Then please remove carbon paper to buriol, cremation, or removal, injury, or other froumatic event, the injury, or other froumatic event, the control of the signed burion of	NO	Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PROVING PRIMARY MINAL DISEASE OR CONDITION GIVEN IN PART 110
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CIAN: CIAN: 9 phys 9 phys errifico oid-fron nitol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ALTERNATION AND ALTERNATION AN	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
UG PHYS Offending Fire this of St. the bund Me orked or It	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
RATTENDIN hospitol or RECTOR: A red for use pp. of Healt		220.1 certify that (I) (this haspital sow the deceased alive on above, (I) (we) (did) (did not)	/2/28 19 82 and that in (my) (our opinion	n death occurred on the date and hour and from the causes stated
0 % D 40 F		22b. SIGNATURE OFFICE	Mg MD/PhD DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 12/29 /82
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store		Chi V.	Dang Johns Hopks	un Hospital Balto MD 21205
08028P	0	BURIAL, CREMATION, REMOVAL	121-2-83 Bernie's Chapey	23d IQCATION TOCKIY N. STATE
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25	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 1 2 7 1 - STATE DEGISTED CERTIFICATE OF DEATH
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Poge 4 ma	3. SEX FEMALE 4. RACE BLACK 5. DATE OF BIRTH MONTH DAY YEAR 12 8 16 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1 FUNDER 28 HES MONTHS DAYS HOURS MIN. 12 28 18 FG 95 YRS 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.
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24 hours off filled in pooled be lited must be far	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS 139. STREET ADDRESS
ompletely fille Tond 2 should	13.54 CROFTON SOCTO BARTINER YESD NO 354 CROSTON ICd. 14. FATHER'S NAME FIRST 15. MOTHER'S MAIDEN NAME COOP I AIN IN MIDDLE DAVIS
be execut on ond co	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-24-305 Mrs, Edna Parker 1354 Crofton Rd.
law requires that the death certificate as been signed by the attending physicinempt. Then please remove carbonapaper prior to burial, cremation, ar removal.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10
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TO HOSPITAL retoined by 1 TO FUNERAL should be del with the Stote	5, RAMEISH GOOD Samar, Lan HOSE- 230 BURIAL, CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION
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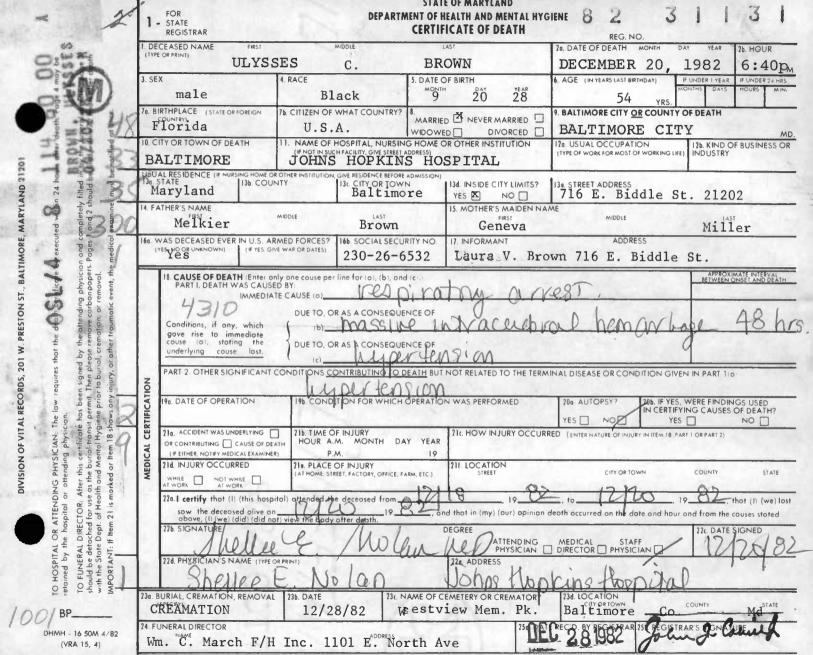


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE KNOWN MONTH 2b. HOUR LTYPE OR PRINTI ESTI-DEATH MATED BROWN SAMUEL Μ. 19 4 RACE 5. DATE OF BIRTH AGE IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY 11:52 PRONOUNCED 63 DEAD 4 19 YRS Male Black TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A Maryland DIVORCED WIDOWED Baltimore City ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Howard & Saratoga Sts Baltimore USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13s. STREET ADDRESS 844 Edmondson Ave. 21201 13m STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? Baltimore Maryland YES X 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sylvia Bush Thomas E. Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. DIVISION N/A Thomas E. Brown 844 Edmondson Ave Unknown APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. Gunshot wound of thorax (unspecified weapon) IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11:30m. 12-17- 1982 HOUR X.M. MONTH DAY YEAR Subject was shot 218 PLACE OF INJURY JATHOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Howard & Saratoga Sts. . Balto. City TO MEDICAL EXAMINES...

EXECUTE THE CERTIFICATE, WR
PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BAJJMORE, MARYLAND, 2120 bus Md. 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide X deoth resulted from: Undetermined monner Notural couses TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 12-18-82 SIGNATURE EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 23d LOCATION Baltimore 238. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY Md . BURIAL 12/23/82 Mount Auburn Cem. BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR Wm. C. March F/H Inc. 1101 E. North Ave **DHMH - 17** VR A15 ME (51)

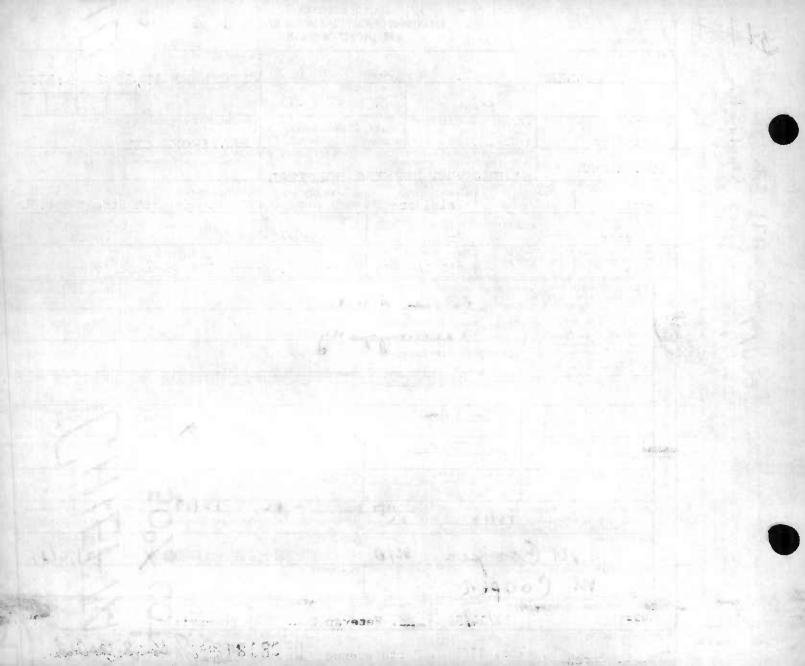


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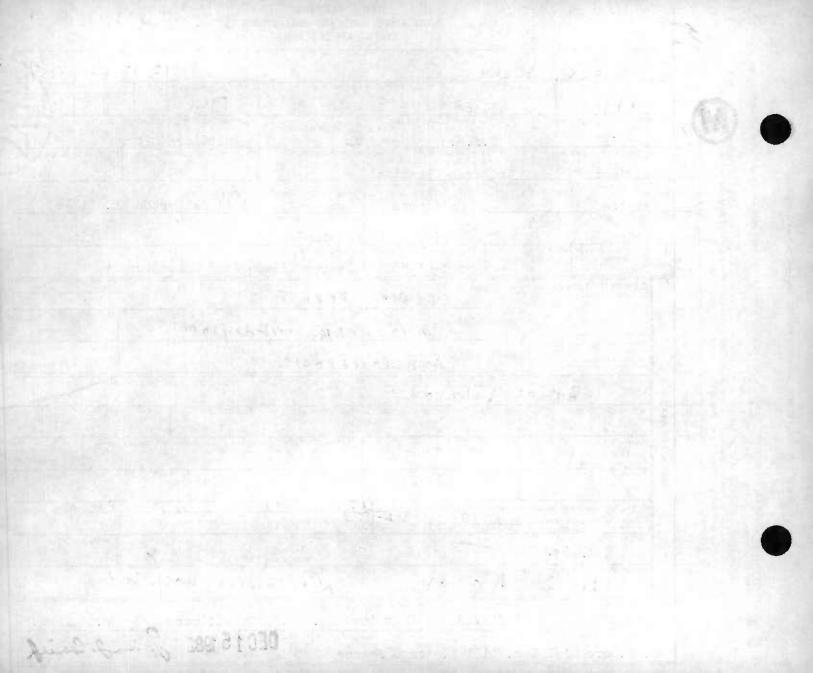
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s after de by the t lied with	BATIMORE 1	Name of Hospital, Nursing Home (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Provident Hosp	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
ND 212	OSUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 13b. COUNT Maryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 822 Brooks Lan	ne 21217
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TENDITOR: A TOR: A for use of Heat	220.1 certify that (1) (this hospital saw the deceased alive an above, (h) (we) (did) (did not)	DEC. 79 1982	and that in (my) (our) opinion	, to Dec. 30 . 19 death accurred on the date and hour a	, that (I) (we) lost and from the causes stated
DIR DEP	286 SIGNATURE	5. Janish, ms	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-30-82
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(VR A 15 (4))	Wm. C. March F/H	Inc. 1101 F North A	venue	JAN 41983 Joa	ug Comely

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STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NO PHYSICIAN: The law requires that the death certificate be executed within 24 hours alreading physician and strong physician and strong the other this certificate has been signed by the attending physician and strong the buriol-transit permit. Then please remove carbon papers. Figure 1 and 3 strong prior to buriol, cremation, or removal. The law 18 strokes any injury, or ather troumatic event, the medical many appears.	USUAL RESIDENCE (# NUR 130. STATE	SING HOME OR OTHER INSTITUTION	13c. CITY OR TOW		3d INSIDE CITY LIMITS?	13e STREET ADDRESS		
AND	Maryland		Baltimo		YES NO	2000 Ramb	lewood Rd	1. 21239
WALL THE PARTY OF	14. FATHER'S NAME	MIDDLE	LAST	- 4	5. MOTHER'S MAIDEN NA	AME	IAS	ST
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BALI ote oper vol. t, the	18 CAUSE OF DEAT	H (Enter only one cause pe /AS CAUSED BY:	er line far (a), (b), an	nd (c).)	45	0	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
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ORD req	19a DATE OF OPERA	vonic Ca	rdige	alle	ro Chro	nac Denila	amonling X	71 Oct
REC low	S 19a DATE OF OPERA	TION 196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	11/	B. IF YES, WERE FINDING CAUSES	OF DEATH?
TAI The Cicion Strong Short	21g. ACCIDENT WAS UN	DERIVING TO 121 TIME	OF INJURY		11. HOW IN HIRV OCCUR	YES NO X	YES [NO 🗌
AN: T physici fiscate fronsi	00.000,170,100,170,10		I.M. MONTH D	AY YEAR	ZIT HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HEM 18 PART 1 OR PART 2)	
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DHMH - 16 50M 4/82		Henry W. J			Co. dea	TE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNAT	URE .
(VRA 15, 4)	4905 Yor	k Road Ba	lto., MD	2	1212 DEC	6-1982	hunde lake	ulf_

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Mitchell-Wiedefeld Home 6500 York Rd 21212

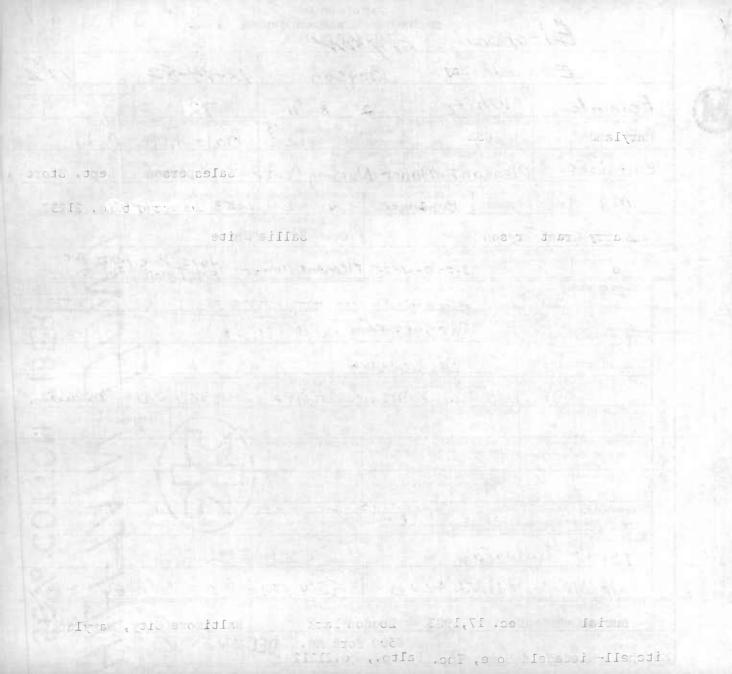
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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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ours of	Storing .	_			Mary Av		A	Hous	sewife			
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that the I by the ease ren al, crem	ather		couse (a), stating the underlying couse lost.	DUE TO,	OR AS A DENS	SOENS OF	ailu	1	0	3		
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ow re remit. prior ony	S	190 DATE OF OPERATION	196.	CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES, W	VERE FINDING NG CAUSES C	SS USED OF DEATH?	
ac dac or	=							YES NO	YES [NO 🗆	
N. T. N. T. Ysicie icote ronsist Hygish	CERTIFICATION	210. ACCIDENT WAS UNDERLYIN		TIME OF INJURY		21c HOW INJ	JURY OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)		
PHYSICIAN: ending physis this certifical the burial-tran ad Aentol Hy d or Hem. 18 s		OR CONTRIBUTING CAUSE	OF DEATH	OUR A.M. MONTH								
NG PHYSICIAN: The law required that the control of	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX		P.M.	19	AN	NI .					
PHY andi d M d or	AED	21d. INJURY OCCURRED	1/475	PLACE OF INJURY	FFICE, FARM, ETC)	211. LOCATIO	in .	CITY OR TO	OWN	COUNTY	STATE	
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3 0 0 0		220.1 certify that (1) (this	hospital) atter	nded the deceased f	rom_ (A	58/3	19 52		52 19.	Fr.	ha (Ne) last	
R ATTENIA haspital IRECTOR: hed for us ept. of He tem 21 is u		saw the deceased ali		13 010.	A.D.	nd that in (my)	(aur) apinian de	eath accurred on the a	ate and hour ar			
hospi NECT hed fo ept. o		abave, (1) (we) (did) (did)	fid not) view th	e bady after death.								
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nn.		SURIAL, CREMATION, REMO	DVAL 236. D	ATE	23c. NAME OF	EMETERY OR C	REMATORY	23d. LOCATION		OUNTY	STATE	
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	24. FI	JNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAR	256 R GISTRA	R'S SIGNATU	RE • A	
DHMH - 16 50M 4/82		m.C.March	P/H Tm	C 1101 ADD	RESS NON+1	Arrons	ie NFC	m - Took	1 So am	- N- CA	help	
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Funeral Home,

Catonsville. MD

FOR - STATE

DHMH - 16 50M 1/B3 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR 12-23-82 AGE LIN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE: 30 Bishop Ln. 21228 Hyatt Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY ond that in (my) (au) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Meadowridge Mem. Pk. Elkridge. Howard

2 COD - 1-15-2 Parbakt MI Teles A 1000 HO O DELLEY H ! GAT inga inga iterusani i spelin 78 6.818 19 C8 LICE 8 ECISI 6 Brish of me Hitra IR MOREL S PUR USHOTT AN RITRA ST. AST S. HAPPID CARTERING TELSTARE I W. Church.

2	-	REGISTRAR			CEI	RTIFICATE OF DEATH	REG. N	0	
1		EASED NAME ORPRINT)	FIRST	MID		OUGHS	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
177		THPLACE (STATE COUNTRY)	OR FOREIGN 71	B CITIZEN OF WI	HAT COUNTRY? 8	ATE OF BIRTH DAY YEAR 1 ARRIED NEVER MARRIED	- A	YRS.	DERTYEAR IF UNDER 2
1/2	10 CI	g Tree, YOR TOWN OF D	City 1	(IF NOT IN SUCH	SPITAL, NURSING HO	Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE) IN	B. KIND OF BUSINES
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and the State Dept. or frouth and Avenue inspiring prior to buries, commonly, as retired. WPORTANT, if them 21 is marked or flem 18 shows any injury, or other traumatic even	MEDICAL	Conditions, if on gove rise to in couse to, stor underlying coured by the court of	IMMEDIATE Ty, which mmediate fing the se lost GNIFICANT CO CATION CATION CATION CAUSE OF DEATH DICAL EXAMINER) RRED WHILE	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON 19b. CONDITIONS 21b. TIME OF I HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREET	S A CONSEQUENCE OF TRIBUTING TO DEATH DON FOR WHICH OPER, MONTH DAY YILL STATE OF THE STATE OF T	EAR 211. LOCATION STREET 19 211. LOCATION CONTROL OF CO	Vellta 200 AUTOPSY? YES NO	20b. IF YES, WEFIN CERTIFYING YES ARY IN ITEM IB PART 1:0 WN Cote and hour and	RE FINDINGS USED CAUSES OF DEATH NO COUNTY STA

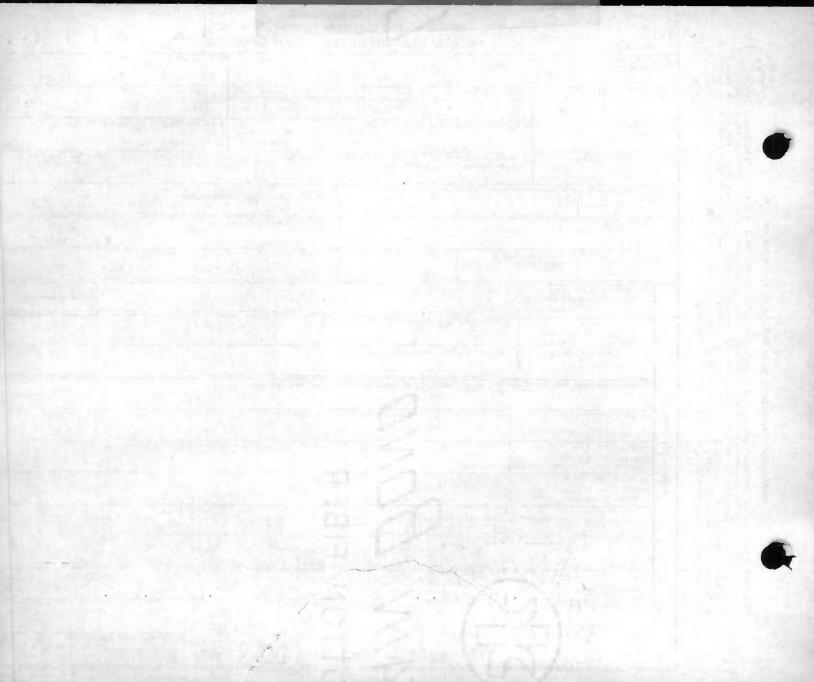
Mospital Cem Tours Cem MountIngoM 247-20-7774 Lillie Man Burroughs 3526 GreenSpring Ave.

reisi 12/20/32 Belickrore Can. Haltmore, Md.

LECOY O. DYEST JEGO LIBERTY NOTS, AVE.

1	FOR		D	EPARTMENT OF	HEALTH	AND MENTAL HY	GIENE A D	****	1 1	A di
37	STATE REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE OF	DEATH RE	G. NO.	1 1 1	9 4
	CEASED NAM	E FIRST		WIDDLE	100	LAST	20. DATE KNOV	VN IX MONTH	DAY YEAR	76 HOUR
3. SE.	PE OR PRINT)	JAMES		Е.	BUF	RT	OF ESTI	D 0 12	3 19 82	,
3. SE	X		DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER 2		MONTH	DAY YEAR	2d HOUR
	M	Black	MONTH DAY	23 LAST BIRTHO		S DAYS HOURS	MIN PRONOUNCED DEAD	12	3 19 82	2:10
	IRTHPLACE (S		b. CITIZEN OF WH		I e	50 D MENTO MADOIS	9. BALTIMORE C	ITY OR COUNT		la "
FC	REIGN COUNTRY)	NC	U.S	Δ	WIDOW	ED NEVER MARRIE	man .	re City		MD
10. C	ITY OR TOWN		1. NAME OF HOSE	ITAL, NURSING HOM			12ª USUAL OCCUPATION	N (TYPE OF WORK	126 KIND OF BU	SINESS
	Dal+!			ILITY, GIVE STREET ADDRESS)		200	FOR MOST OF WORKING LIF	€)	OR INDUSTR	₹Y
		(IF IN NURSING HOME OR	OTHER INSTITUTION, GIV	SON ST.	ION)					
13a S	TATE M	136 COUNTY		Baltimor		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2443 MC	Cullob	C+	
14 5	ATHER'S NAME			Daitimor	Е	15. MOTHER'S MAIDEN		Culton	DL.	
	FIRST		MIDDLE	LAST		FIRST	WIDDLE		LAST T	
160 \	Josep.	N D EVER IN U.S. ARME	D EORCES3	Burt 166. SOCIAL SECURIT	YNO	Annie	ADI	DRESS	Manle	= y
	ES, NO, OR UNKNO				,,,,,,				h C+	
_	Yes			N/A		Joseph Bi	irt 2443 M	CCUITO	APPROXIMATE	MATERIAL
	18 CAUSE O	F DEATH (Enter only CATH WAS CAUSED B				1			BETWEEN ONSET	AND DEATH
	57	15 IMMEDIATE	CHOSE (O)	irrhosis of		river				
	Condition	ns, if ony, which	DUE TO, OR	AS A CONSEQUENCE	OF					
10	gove ri	se to immediate	(b)							
	couse (o)	stoting the <u>under</u> use last.	DUE TO, OR	AS A CONSEQUENCE	OF					
			(c)							
-	PART 2 OTHER SI	IGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE	E OR CONDITION GIVEN IN PART	11 (a);			
CERTIFICATION									To a second	
CA	190 DATE OF	OPERATION	196 CONDIT	ON FOR WHICH OPE	RATION W	AS PERFORMED?			Partia	al
E										NO []
	UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEA		OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	TEM 18 PART I OR PA	RT 2)	
MEDICAL	CONTRIBUTI	NG CAUSE OF DE		19						
4ED!	21d. INJURY C	OCCURRED		FINJURY (ATHOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	co	OUNTY	STATE
3	AT WORK	NOT WHILE AT WORK								
	770 1 0000	fy that I took charge	of the remains desc	ribed obove held on	Par	sy Inspection	, Inquiry	ond in my ar	pinion	
	deoth result		627		vicide	Homicide .	Undetermined manner			
	deom result	ed from: 14dfordi	COURSE VALUE	, S		TITLE (SPECIFY)	on order morning			
1	ACTUAL	A A A	NAA	10		D. Assistant	MEDICAL EXAMINER	DATE	FD 12-3-	82
1	SIGNATURE	- KINV		100		.v. <u>1,331310111</u>	MEDICAL EXAMINER	SIGNE	:U	- direct
1	EXAMINER'S		M. Dixon	M.D.		ADDRESS 111 Pe	nn St., Bal	to. Md.	21201	
23n F		TION REMOVAL 236		73¢ NAME OF CE	METERY		1234 LOCATION			
130.1	SPECIFY)		2/6/82		T ME		Laurel	COU		MD
24 1	UNERAL DIREC			I FID NA	T ME	250. LATE RI	ECD. BY REGISTRAR 256	REGISTRAR'S	SIGNATURE .	1
YATA	NAME	March F/	H. The	1101 E.	Nor	and the state of	0-1982	sund	to constito d	/

20M 4/B2

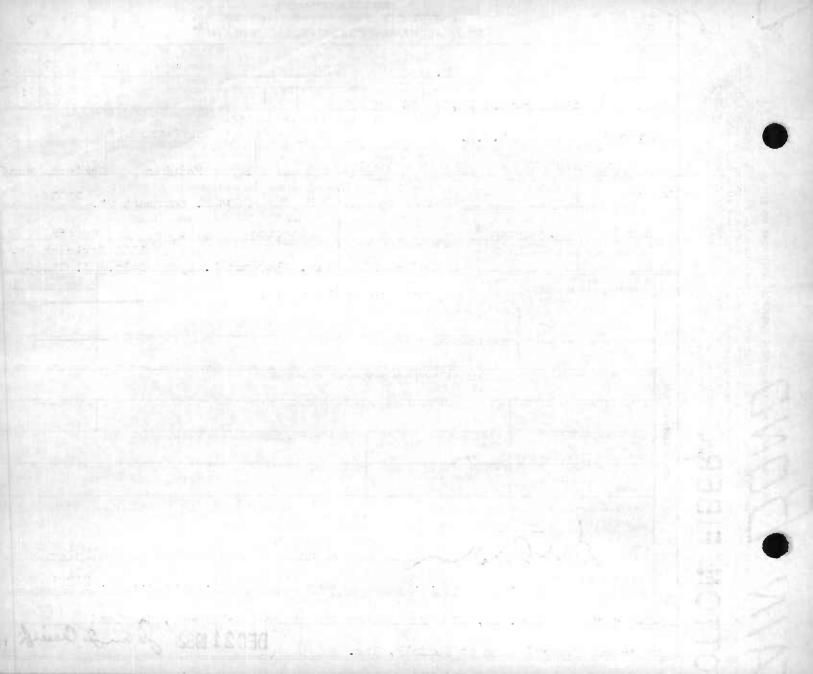


1	1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		2 3 s. No.	1 1	4 5
be be		CEASED NAME FIRST AGNES		WIDDLE	BUTLE	CR	12-04-8			2b HOUR 5:50A
of peg	3. SE	× Female	4.RACE Black		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAS	MÓI	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
oth. Page		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CIT	1.59		
rs ofter deo	10. C	Maryland ITY OR TOWN OF DEATH ALTIMORE	USA 11 NAME OF JOHN'S	HOSPITAL, NURSIN	WIDOWE IG HOME O SORE HOS	R OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Senior	OST OF WORKING LIFE)		BUSINESS OR
ND 215		AL RESIDENCE (IF NURSING HORE OR STATE NO DE COUN Maryland BO	orie	1 GIVE RESIDENCE BEFOR	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NO		ffice B	ox 33	9
E. MARY		Nathaniel	WIDDLE	Henry	BUTY NO	Agnes 17. INFORMANT	MIDDI	Ha:	rrisor	a
BALTIMORE, MARYLA or the executed within rsicion and campletely types. Pages 1 and 2 sh oper.		NAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (15 YES, GIV	E WAR OR DATES)	2 10 100 1720		Mrs. Frank	ie Newman	n-frien		5 Wood-
N: The low requires that the place of the other dent dysicion. Cote has been signed by the otherding promise permit. Then please remove corbony Hygiere prior to buriol, cremotion, or remit 8 shows ony injury, or other froumatric eve	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, CO CONDITIONS CO 196. COND 1216. TIME CO	OR AS A CONSEQUING AS A CONSEQUING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH CONTRIBUTED TO INJURY	DEATH BUT	NOT RELATED TO THE TER	200 AUTOPSY? YES □ NO	20b. IF YES, V IN CERTIFYII	WERE FINDING NG CAUSES O	GS USED OF DEATH? NO
DING PHYSKIA or offending pl After this certifice os the buridel- olth and Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WMIE NOT WHITE AT WORK 220. I certify that (I) (his hospi sow the deceased olive on obove, (I) (We) Middle (Id)	210. PLACE (AT HOME, S1		19 FARM, ETC)	21f. LOCATION STREET 7. 19 C	2		-	state hot (I) lost couses stated
HOSPITAL OR A' bined by the hosp FUNERAL DIREC wid be deforched the Stote Dept.		obove, (I) (We) (GIP) (did no 126. SIGNATURE 9 attan 29 122d. PHYSICIAN'S NAME (1498 O	Berg	Benjen	ĺ	DEGREE ATTENDING		STAFF \	27c. DATE S	
Q € Q € ₹ ₹ D O O O BP DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	BURIAL GREMATION REMOVAL (1980/29) Burial UNERAL DECTOR HAME tewart Funer	Depor	9 (1482 Seu	Moun	EMETERY OR CREMATORY 25 DE R. A. N.	CITY OF TOW	Washin	gton,	D.C. STATE

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	. 7	haor, 727, 2004	Black	es es
	S PORCH TARLES			1 - " 4
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PEC TOIL			Fig. a Kenta	ballyzan
mal: le		n .	ſ	Hermin
		maxy .nx/ign f		, LI
	'ş no			
II. Snore con	'ş no			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED GARY BYRON 19 82 AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 7:31 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 19 82 Male White August 11,54 YRS BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City Maryland U.S.A D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Baltimore City Hospital Spray Painter Cabinet Manuf SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSION Marvland 1136 COUNTY 134 CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21224 YES A NO [Baltimore 2634 F Monument 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Kermit Byron Florence Martin 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 1101 Rayleigh Wav LYES, NO. OR UNKNOWNI 213-64-7918 Mrs. Florence M. Byron Balt. Md. 21224 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary artery thrombosis IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 2 If. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian TO FUNERAL DIRECTO AFTER DEATH WITH THE BALTIMORE MARYLAN Natural causes X death resulted fra Hamicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 12-17-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT) 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Green Mount Crematory Baltimore 24. FUNERAL DIRECTOR DOUNH - TF (VR A15 ME (5)) Duda-Ruck Funeral Home of Dundalk, Inc

20M 4/82



IMPORTANT: If them 21 is marked or them 18 shows ony injury, ar other traumatic event, the

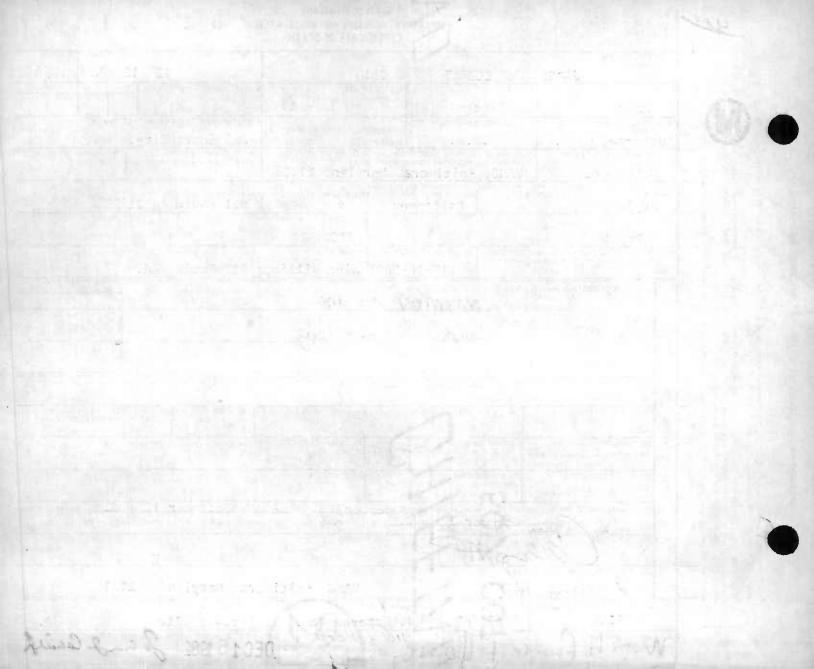
- 16 50M 4/B2 (VRA 15, 4)

	STATE OF	MARYLAND	
DEPARTMENT	OF HEALT	H AND MENTA	HYGIENE

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3

1		REGISTRAR				CERTI	FICATE OF	DEATH	REG	NO				i
W		CEASED NAME	FIRST	A	AIDDLE		LAST		20. DATE OF DEATH		DAY	YEAR	26. HOU	JR
	(TYPE	E OR PRINT)	JAMES	FI	BERT	CA	IN			12	12	82	2:05	5A
	3. SEX		7 11 (12.2)	4 RACE	DETT		OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY}		DER 1 YEAR	IF UNDER	
		male		Blac	ck	**************************************	TH DAY	19		63 YRS	MONTH	HS DAYS	HOURS	MIN.
		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8.	ED NEVER		9. BALTIMORE CIT			DEATH		
3		skogee, Ok	la.	U. S	S.A.	WIDOW		NORCED	Baltimon	ce Cit	у,			M
	10. CI	ITY OR TOWN OF DEA	ATH	11. NAME OF H		URSING HOME	OR OTHER INS	TITUTION	12a USUAL OCCUP	ATION	12	26. KIND C	F BUSINE	SSOF
3		Baltimore		VAMC.	Baltin	nore. Ma		21218	(TIPEOP WORK POR MO	II OF WORKING	S Circy II	4DOSIKI		
1		AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE		1 13d. INSIDE (CITY LIMITS?	13e STREET ADDRES	S				
7	_	aryland				imore	YES KK	NO 🗌	921 Kev:	n Rd	2122	29		
d]4. FA	UNKNOWN		WIDDLE	LAS	T	UNKN	S MAIDEN NA/ FIRST OWN	ME MIDDLE			LAS	ī	
*		WAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADI	DRESS ,		150		
	t,	YES NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES)	217	-26-232	Mina	William	s 921 Kev	in Rd	١.			
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter ar	nly one cause per	line for (a), (b), and (c).)						APPROX	IMATE INTER ONSET AND	DEATH
		PART I. DEATH W		TE CAUSE (a)	MOUN	hode in	Ho luna	4						
		1021		DUE TO, OF	AS A CONS	SEQUENCE OF	(,							
	113	Conditions, if any,	, which	(b) C	dunoc	arcinon	ngot lu	ing			_	+ (-)	-	
		cause (a), stating	ng the	DUE TO, OF	AS A CONS	SEQUENCE OF								
				((c)							1 5			
	z	PART 2. OTHER SIGN	NIFICANT (CONDITIONS <u>CC</u>	NTRIBUTING	S TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN	V PART 10	a	
	ATIC	19a DATE OF OPERA	TION	196. CONDI	TION FOR W	HICH OPERATION	ON WAS PERFO	DRMED	20a AUTOPSY?	20b. IF	YES, WE	RE FINDIN	VGS USER	0
7	CERTIFICATION	Emilia Sy							YES NO		YES	CAUSES	OF DEAT	
	CER	21a. ACCIDENT WAS UND		216. TIME O		DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE OF I	JURY IN ITEM	8 PART 1	OR PART 2)		
	CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		ATT.		19	1657							
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE C		FFICE, FARM, ETC.)	21f. LOCATI		CITY OF	TOWN	(COUNTY	S	TATE
	2	WHILE NOT WH	RK .	(ATTOME, STA	cei, racioni, oi	FFICE, FARM, ETC.)					711			
		22a.1 certify that 💢	(this hospi	tol) ottended the	deceased f	rom Decer	mber7	. 19_82	10 Decemb			32	that X (v	we) los
		sow the decease	d alue on	Necember 1	after death.	19.0/) (our) opinion (death accurred on the	date and h				ated
	0	72h SIGNATURE	/11	0. 11	10	•	DEGREE	ATTENDING	MEDICAL S	TAFF	0001	22c. DATE	SIGNED	
_	-	A CONTRACTOR OF THE PARTY OF TH	111	2	IV			PHYSICIAN [SICIAN				
1		22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)			22e. ADDRE		ana Manul	and	212	218		
1	22. 0	K. Ca	reu	1111).		22. 114445 05			ore. Marv	anu	212	-10		
	23a. B	BURIAL, CREMATION,	KEMQ#AL	12/20	/82	23c NAME OF	teran C		23d. LOCATION CITY OF TOWN Crownsv	1110	cou	UNTY	Md	TATE
		UNERAL DIRECTOR	1	1 -2/20	1	1101	Q North		E REC'D. BY REGISTR		STRAR"	SSIGNAT	VOE 4	
	V	MANNON	tim	MVG	HU18	TO A	ventu	D	EC 1 5 1988	1	, an	8	lehe	4



173	L	FOR STATE REGISTRAR CEASED NAME FIRST	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
1 2 80	(TYPE	ORPRINT) Nels	son	Cammon	12-1	1-82 6 AM
	3 SE	x Male	4 RACE Black	5 DATE OF BIRTH MENTH 8 08R	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	(IRTHPLACE STATE OR FOREIGN OUNTRY) Outh Car.	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED XXNEVER MARRIED (WIDOWED 7 DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 1 139	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IF	12b. KIND OF BUSINESS OR INDUSTRY
40 2120	13a.	STATE 136 COU	Provident Hos OR OTHER INSTITUTION, GIVE RESIDENCE BEI JNTY 13¢ CITY OR TO	ORF ADMISSION) 13d. IN SIDE CITY LIMITS:		
arthu 2 plenty it of 2 sho	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	YES NO 15. MOTHER'S MAIDEN	MIDDLE	LASY
BALTIMORE M. Core De executed core De executed complete Fores 1 or val. r, this medical co.	16a \	derson Mas deceased ever in U.S. Ai yes, no or unknown) (if yes, giv			Le Bolwe ADDRESS Ctin 2726 Riggs Ave	
105, 201 W, PRESTON ST quires that the death certi signed by the attenting is their please remove carbon to burnol, cremption, or rem niury, or other traumotic ev	NOI	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	e cubilins	erales.	/EN IN PART 1(a)
DIVISION OF VITAL RECORDS, NIG. PHYSICIAN. The law requir ordereding physician there has certificate help benefit and Aleman principle or the busical remaining permit. There is no an ordered on them 18 Aleman principle or when any injury maked on them 18 Aleman principle.	HICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
CLAN: T g. physic enthcole inclumental hys hem 18 th	CAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2)
INSION JG PHYS otherdin the this of the but n and Alt	MEDIC	21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIA ouplied or CTOR. All d for users of the out		abave, (1) (we) (did) (did n	pital) attended the deceased from	and that in (my) (aur) apini	an death accurred an the date and hav	
by the definition of definition of the Dep		22b. SIGNATURE 413	Below		MEDICAL STAFF	12 - 11 - 82
O HOSPITAL etinined by 1 TO FundERal thould be de		22d. PHYSICIAN'S NAME (TYPE O	or print)	22e. ADDRESS Pro	oindent- 1te	espital.
1/ 07BP	230	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	12/16/82	King Mem. Pk.	23d LOCATION CITY OR TOWN Balto Md	COUNTY STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR	ADDRESS	25a. £		RAR'S SIGNATURE

2725 Mana Awa.

211-07-7800 Times Votesin 2726 Mana Ave.

Howfor slands ones

True of Direct Assembly and Mora A600 Liberts Holls Care Section Account Countries to Section Account Mora A600 Liberts Holls Care Section Account Mora A600 Liberts Holls Care Section Account Mora A600 Liberts Holls Care Section Account Mora Account Mo

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

11.	- STATE		1	DEPARIM		EALIN AND MENIAL NI	GIENE G 6.	0	1 4	7
	REGISTRAR	10			CEKTIF	ICATE OF DEATH	REG. NO)		
	CEASED NAME E OR PRINT)	FIRST	٨	VIDDIE	U	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	all	ie		Cam	Dhe	el.	12-25-	.82		7 20 MM
3. SE	×	14	RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDI	ER I YEAR IF	UNDER 24 HRS
	t.		R		63	DAY YEAR	75	MONTHS	DAYS H	OURS MIN.
7a B	RTHPLACE (STATE OR F	OREIGN 7	h CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF DE	EATH	
N	orth Carol	ina	4.3	5 A	MARRIE		Baltine	re cir	ty	MD.
10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF B	USINESS OR
14	saltimore	,	John L	Deaton	medi	cal Center	THE OF WORK FOR MOST O	11000110	JOSIKI	
	AL RESIDENCE (IF NURS						1			
	aryland	136 COUNT	Y	13c. CITY OR TOW Baltim		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	et Ct	21202	
_	ATHER'S NAME			Dartin	OIC	15. MOTHER'S MAIDEN N		LL OL.	21202	
	/A	M	IDDLE	LAST		N/A	WIDDLE		LAST	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		174.50
1	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-68-	6808	medial A	Evorde			
	18. CAUSE OF DEAT	H (Enter only	one couse per				Pro-Ch	1	APPROXIMAT	TE INTERVAL ET AND DEATH
	PART I. DEATH W	AS CAUSED	RV.	_		Concestion	allunan		DE LAKEN OND	ET AND DEATH
	2507	IMMEDIATE	CAUSE (o)	Sepsis	ans	Congesion	et Chaires de	<u> </u>	_	
	2001		DUE TO OF	R AS A CONSEQUE	NCE OF N	Lie Pisa	tool lad	1	Zyean	-
	Conditions, if ony,		(b) 2	liabores	Thex	1.70 (011	ما ۱۰۰۰ صروی)	0	
	cause (a), statin	g the	DUE TO QU	LAS A CONSEQUE	NCE OF	2 11 - 0.		/		
	underlying couse	lost.	(c)	De erbi	4	10 Hiller				
_	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART Tra	
CERTIFICATION										
3	190. DATE OF OPERAT	NOI	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERI		
Ē							YES NO	YES		NO [
1	210. ACCIDENT WAS UND	ERLYING [21b. TIME O			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	RPART 2)	
	OR CONTRIBUTING (HOUR A.	M. MONTH DA	YEAR					
MEDICAL	21d. INJURY OCCURE		21e PLACE		17	211 LOCATION				
AE	WMILE NOT WH	ILE 🗆	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	VN CC	YTAUC	STATE
	22a.1 certify that (I)		al) attended the	deceased from	terles	7 10 8	- 10 Rec. 7	5 10 5	>	t (1) (we) last
	sow the decease	d olive on	Dec 20	192	A	d that in (my) (aur) opinio	n death occurred on the do	te and hour and f	rom the cou	
	obove, (1) (we) (c	did) (did not)	view the body	ofter death.	V	DEGREE			2c. DATE,SIC	
	III. SIGNATORE	-	1 -	0		ATTENDING	MEDICAL STAF		IL DATE SIC	F
	Jug	120	WI	sed 1	M.P	PHYSICIAN		IAN [17	1/27
	22d PHY SICIAN'S NA	AME (TYPE OR	PRINT)	2		22e. ADDRESS				
	VUL	AN (N. KE	EDMI		811 5. C	HAS. ST. 7	SACTOL	No. 2	1230
73n	BURIAL CREMATION	REMOVAL	Tash DATE	123c N	NAME OF C	EMETERY OR CREMATORY				- 1-1

BURIAL

12/29/82

Mount Calvary Cem.

Baltimore

Co.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

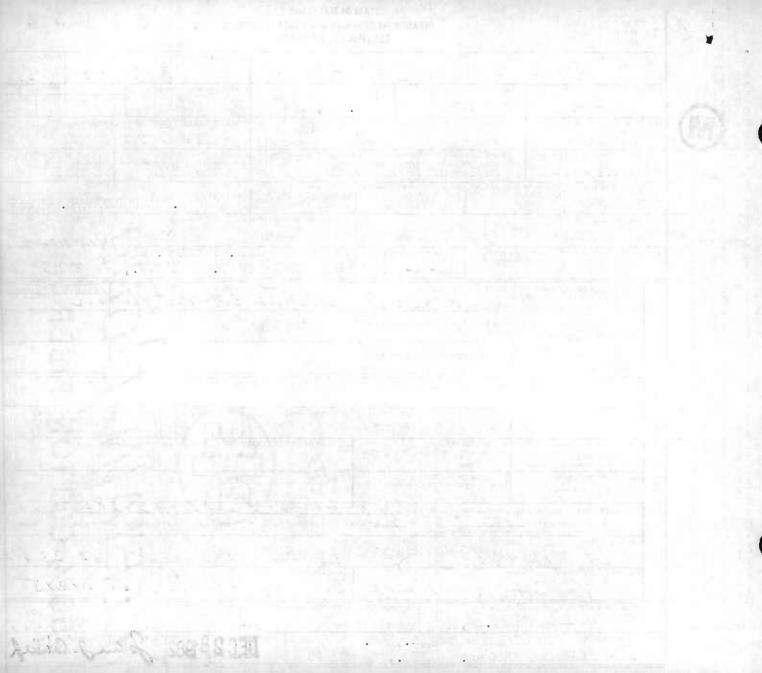
ADDRESS C. March F/H Inc. 1101 E. North Avenue 2BORGERAR 256 REGISTRAR'S SINA

(VRA 15, 4)

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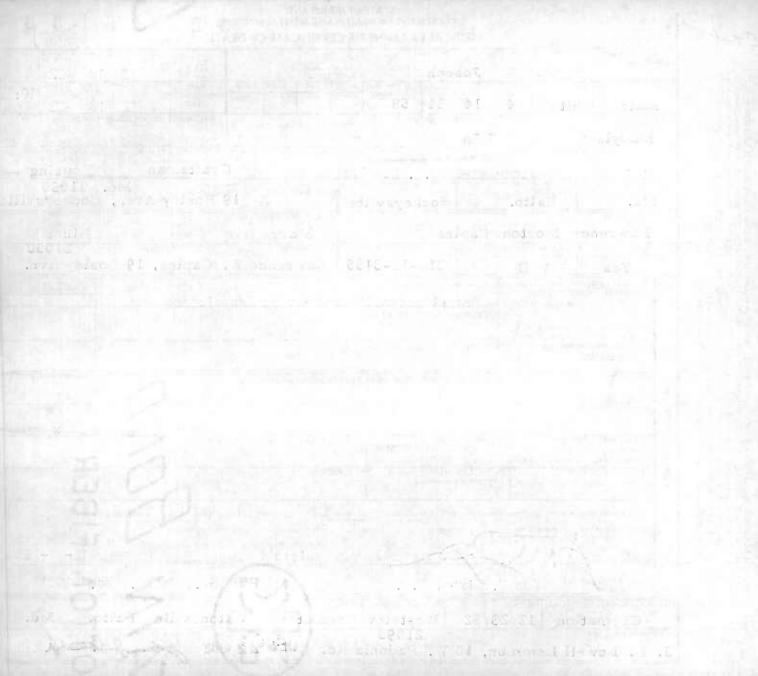
olli re X ll -- r r . ll The source of the section of the sec rial i love i e compara de la STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEMBER JAMA COLLAR

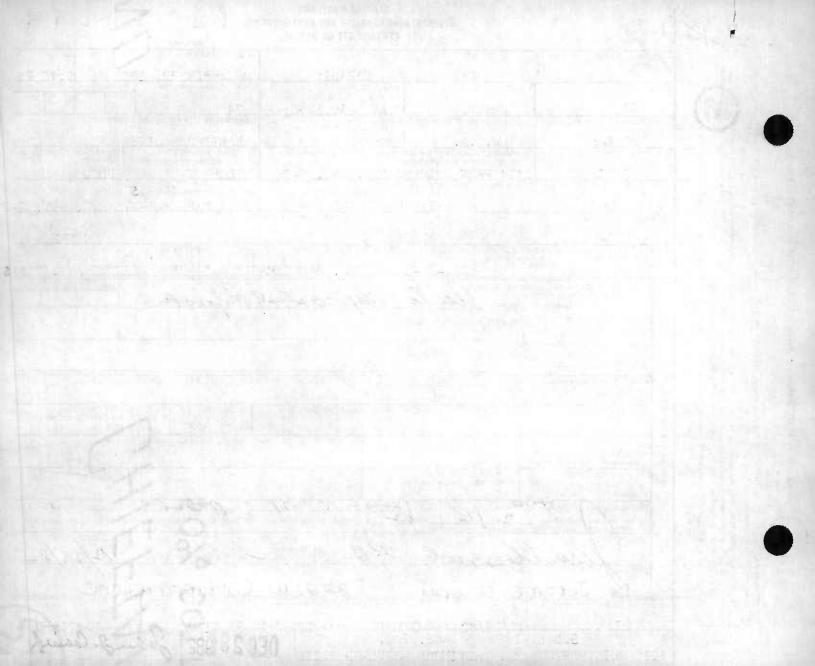


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO L DECEASED NAME KNOWN X 2a. DATE 75 HOUR TTYPE OR PRINTI ESTI-LAWRENCE Joseph CAPLES DEATH MATED 1982 4. RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 10:25 LAST BIRTHDAY) PRONOUNCED 58 4 24 DEAD Male White 8 1982 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA X Baltimore City DIVORCED WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Craftsman Housing Hospital Baltimore Loch Raven V.A. 21030 Md. 13e. STREELADDRESS IVIG. 21030 19 Bosley Ave., Cockeysville 13a STATE OUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. Cockeysville NO P Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Lawrence Hines Morton Caples Mary 17. INFORMANT ADDRESS 21030 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 218-12-3155 Lawrence W. Caples, 19 Bosley Ave. Yes WW II 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, AATION, OR REMOVAL. PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E HIS CENTRY THE WARTING THE WARTING THE WARTING TO THE CHIEF WAS A SHOULD BE USED AS TATE DEPARTMENT OF HEAD WAS A TOTAL TO BURIAL, CONTROL TO BURI 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE TO MEDICAL EACHTEICATE, WRI EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWART TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTWORE, MARYLAND, 2120 22e. I certify that I taak charge of the remains described above, held an death resulted from Notural causes Accident Undetermined manner TITLE (SPECIFY) 12-20-82 Assistant SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon, M.D. 23g BURIAL CREMATION REMOVAL 236 DATE Md. Balto. Catonsville 12/23/82 Westview Crematory Cremation 24 FUNERAL DIRECTOR **DHMH - 17** E. Lowell Lemmon, 10 W. Padonia Rd. (VR A15 ME (5))

20M 4/82



. 15	1	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH		EG. NO.	5 1 1	5	4
		CEASED NAME FIRST		MIDDLE	10/10	AST	20. DATE OF DE		DAY YEAR	2b. HOUR	
od 4 pe			RIS	PAT		CARASIK	DECEMBE	R 22.	1982	9:15	P
1	3. SE	X	4. RACE		5. DATE (6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY		4 HRS
· (14/1)		MALE	WHIT	E	JULY	10,1908	74	,	rRS.		******
	In-B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	9. BALTIMORE	CITY OR CO	UNTY OF DEATH		
1 1 2	L	MARYLAND	U.S	.A.	WIDOWI		BALTIN	ORE C	ITY		٨
1 11 1	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCC	UPATION	126. KIND	OF BUSINES	SC
7 77 6		BALTIMORE		RK HEIGH		E. APT. G-2	MERCHAN		FOOI		
hou d in be	13a	AL RESIDENCE HE NURSING HOME		GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS (21)	215)		
filled bould b		RYLAND		BALTIMO		YES X NO			IGHTS AV	E. APT.	
athir 2 sh	14_F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DDLE		LAST	-
b and show		WOLF	Misset	CARA	SIK	IDA			(COHEN	
nd co		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC		17. INFORMANT		ADDRESS T.	. G-2		
n and co		NO	SIVE WAR OR DATES!	213-05-	6332	MRS. ANN CARA	STK 6414	PARK	HEIGHTS	AVE (2	2 1
equires that n signed by Then please to burial, cr injury, ar ath	NO	PART 2. OTHER SIGNIFICAN	(c)	R AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION	N GIVEN IN PART	l(a	
on. hos beer t permit. ows any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICE	1 OPERATIO	N WAS PERFORMED	YES NO		IF YES, WERE FINE CERTIFYING CAUS YES		!?
ding physici ding physici is certificate burial-transi or frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A.	M. MONTH	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
DING PHYS or attendir After this e as the bu olth and M.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	Cit	TY OR TOWN	COUNTY	STA	16
ATTENDIS aspiral or ECTOR: A d for use it a of Healt m 21 is mo		220.1 certify that 1) (this has saw the consecutive cobove (1) (did) (did)	n 2/	16 195		nd that in (my) (aur) apinion	death accurred an	the date on			
the her to DIRE eroche te Dep		22b. SIGNATUR	lley	nel	Ces		MEDICAL DIRECTOR []	STAFF PHYSICIAN [- 1	23/8	7
TO HOSPITA retained by TO FUNERA should be de with the Stat		220 PHY AN'S NAME ITYP	1.	eppel		220 ADDRESS 222. W	Colds	Prin	a Lane	_	
7 6 1 2 7 7		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	THE LOCATIO	THE PARTY	COUNTY	37.4	er.
7) BP)		BURTAL	12/24/	82 C	HIZUK	AMUNO CEM	BALTIN	ORE >	M/	BYLAND	1
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR SOL I	LEVINSON	& BROS.	INC.	250.	028100	STRARTIS CH	GISTRAR'S SON	Camell	1
(VRA 15, 4)	160	10 REISTERSTON	VN RD. BA	LTIMORE.	MARYL	AND 21215	L A Y BC	c 0°	0		-



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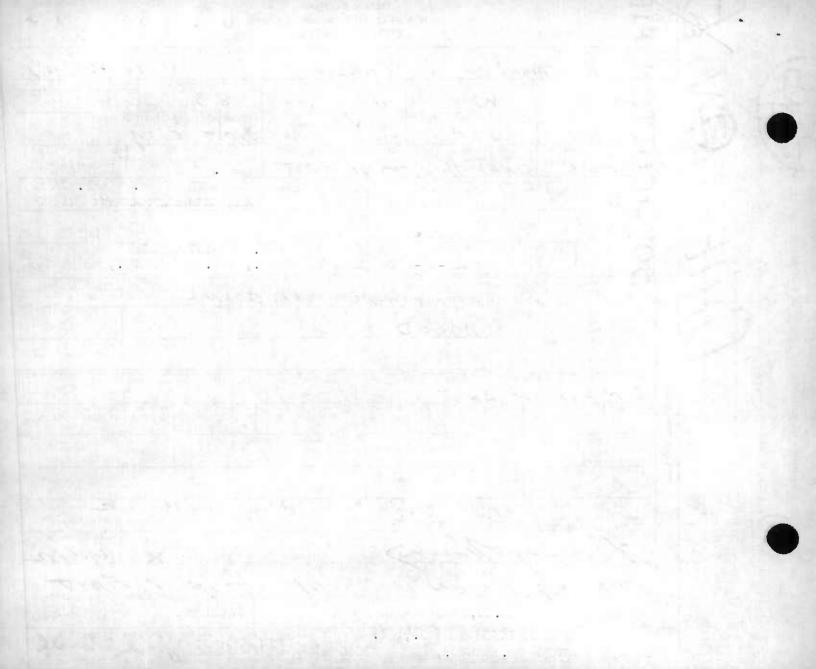
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STATE OF MARYLAND

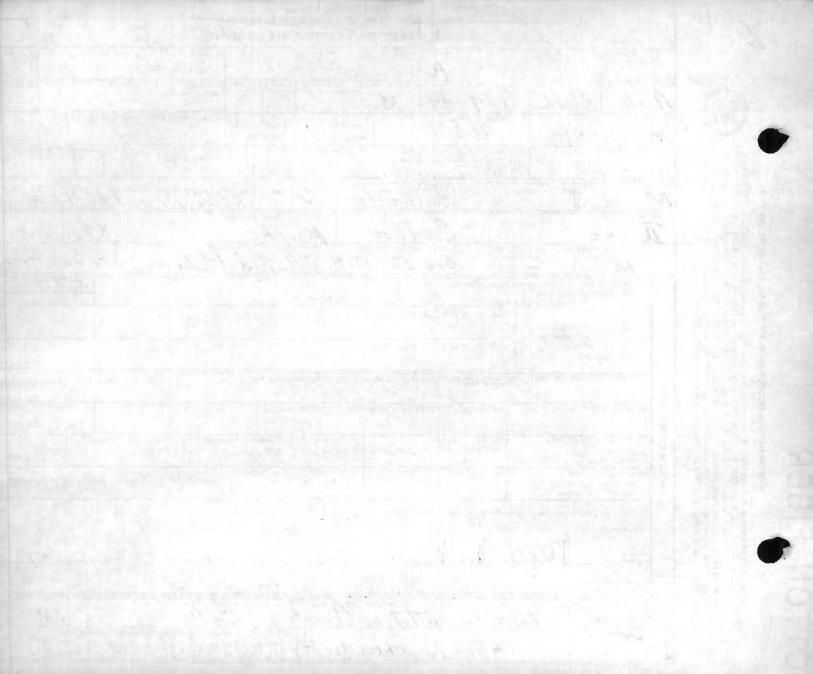
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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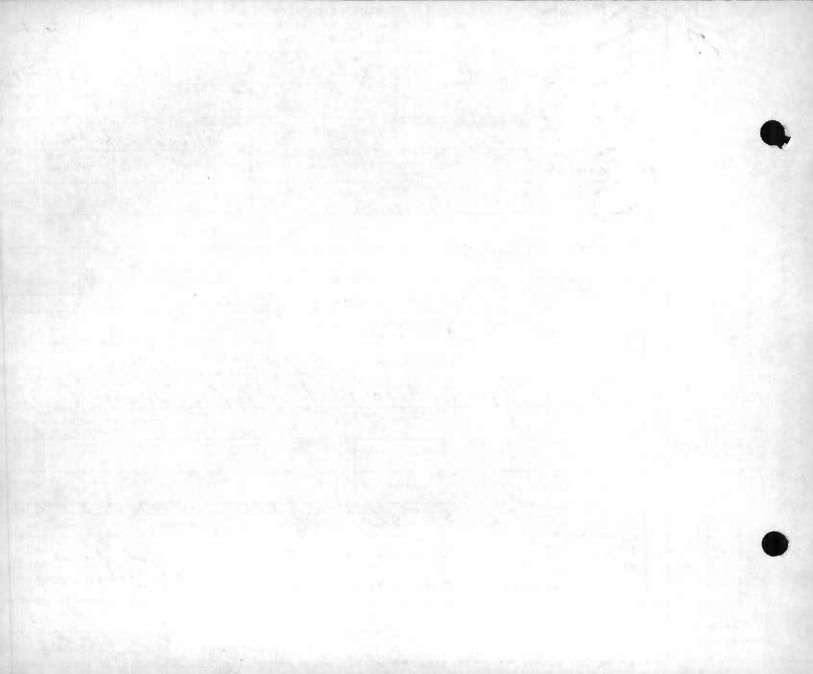
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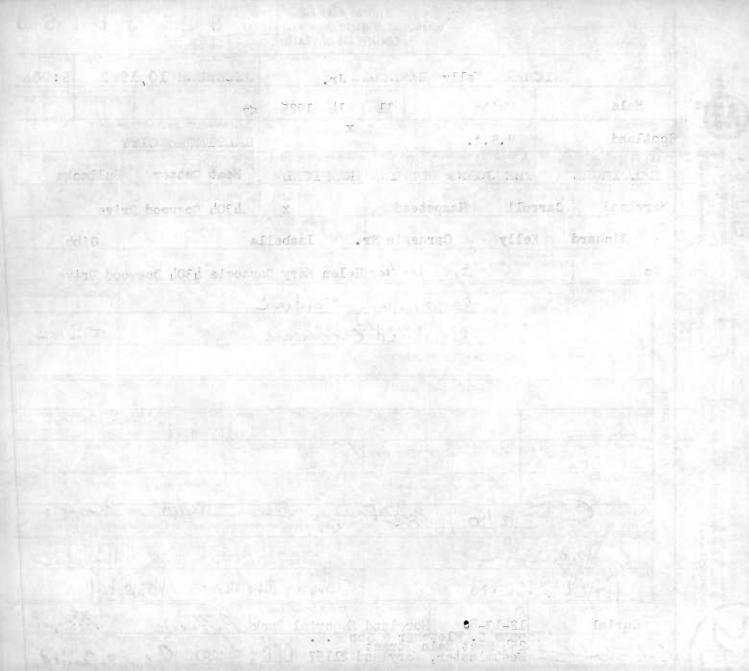
nt.	11-3	FOR STATE REGISTRAR			E OF MARYLAND HEALTH AND MENTAL ER'S CERTIFICATE	OF DEATH	3 1 G. NO.	1 5	6
"	T. DEC	EASED NAME FIRST	,	MIDDLE	LAST	20. DATE KNOW	HTINOM TO NY	DAY YEAR	26. HOUR
Mari Se	1000	RICH	IARD	A.	CARLTON	OF ESTI DEATH MATE	12=25	-829	M
PEA TO THE	1	ale Black	5. DATE OF BIRTH	49 6. AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MIN PRONOUNCED DEAD	монтн 12-25		11:36
191100	7a. BII	RTHPLACE (STATE OR REIGN COUNTRY)	TO CITIZEN OF WHA		MARRIED NEVER MAR	9. BALTIMORE C	ITY OR COUNTY		
DEPOSITOR OF THE PARTY OF THE P	1 N	aryland	4.3	.4.	WIDOWED DIVOR		re City		MD
2 H A B B B	10. CI	Y OR TOWN OF DEATH		TAL, NURSING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATION FOR MOST OF WORKING LIF	N (TYPE OF WORK 12)	D. KIND OF BUS OR INDUSTR	SINESS
A00 #8	LB.	altimore	3407 Woo	dbrook Ave	nue	described to the		3.00	
ANN S	III S	L RESIDENCE (IF IN NURSING HOME OF ATE 13b. COUNT	OTHER INSTITUTION, GIVE Y	RESIDENCE BEFORE ADMISSION IN COMMON CONTROL OF THE COMMON CONTROL	PE YES NO [2336 DA	euid t	1.11 A	le.
EST. 2. PW 3. NO 2.5	17	EVONC	MIDDLE	Carlton	15. MOTHER'S MAIL	DEN NAME MIDDLE	×	ellur	n
RS AFTER DI CONFERSES OF PAGES	16a. W	AS DECEASED EVER IN U.S. ARM S. NO, OR UNKNOWN) (IF YES, GIVE V		166. SOCIAL SECURITY 2/6-52-		1 1 1 1 1 .	n 3407	Wood	Brook
PA SAN		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI	BY: E CAUSE (a) GU	nshot woun				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
V. PRESTON WITHIN 24 H NOIL IN 17EM STREMSTER PER TRANSTER PE TRANSTER PE TR		Canditions, if any, which gave rise to immediate	(b)	s a Consequence o)F				
201 V UNED IN PE EXAM CON. CON. CON. CON. CON. CON. CON. CON.		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR A	S A CONSEQUENCE C	F				
VITAL RECORDS, 201 SHOUD BE EXECUTE ORD "PENDING" IN CHEF MEDICAL EXA RE USES AS A BURNAL IT OF HEALTH AND M	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN I	PART 1 (a).			
M LINE - W	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORMED?			20 AUTOPSY?	
A SHOW THE PROPERTY OF THE PRO	E							YES XX	NO 🗆
ON OF VITAL I		210. EXTERNAL CAUSE WAS UNDERLYING XXOR CONTRIBUTING CAUSE OF D		MPN12-25-82	subject sho	RED LENTER NATURE OF INJURY IN I	ercation)	
DIVISI HIS CERT WRITHW WARDED AGE 3 SI ATE DEP	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		INJURY (AT HOME,	3407 Woodbr	ook Avenuer E	3altimore	Mary	land
MINER: 1 IFFCATE, BE FORM BE FORM FOR THE ST TLAND, 2		22a. I certify that I took charge death resulted I ram: Nature			Autapsy XX Inspecticide , Hamicide X	Undetermined manner	and in my opini	ion	
O MEDICAL EXAMINER DECUTE THE CERTIFICAT AGE 4 SHOULD BE POS TO FUNERAL DIRECTOR. TO FUNERAL DIRECTOR. ATTER DEATH WITH THE		ACTUAL SIGNATURE	ite One	Thell	TITLE (SPECIFY) M.D. Assistar	T_MEDICAL EXAMINER	DATE SIGNED,	12-26-	82
TO MEDICA EXECUTE TH PAGE 4 SHE TO FUNERA AFIER DEATH	1	EXAMINER'S NAME (TYPE OR PRINT)	rgarita A.	Korell, M	D ADDRESS 111	Penn Street			
12/12BP	23a.B	JRIAL, CREMATION, REMOVAL 25 CIRY)	Z/31/82	MT. ZO	n Cemetery	23d LOCATION CHURCH TOWN	COUNTY	Ma	7
DHMH - 17 (VR A15 ME (5))	24. FL	INERAL DIRECTOR	FIH319	N. Schn		C 2 9 1982	REGISTRAR'S SIG	Shulf	
20M 4/82	-	W. U. I.			A				



	V			STATE OF MARYLAND							
N. F.	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 3 1 1 5 7 CERTIFICATE OF DEATH REG. NO.								
noy be page 3		CEASED NAME FIRST	hn o	MIDDLE	Carme	cheal		20 DATE OF DEATH MONTH	-30-82	1025A	
4 moy	3. SE	X	4 RACE	4 RACE S. DATE C			YEAR	AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS	
bege directed	To B	male RTHPLACE ASTATE OR FOREIGN		Black 76 CITIZEN OF WHAT COUNTRY? 8		7 09 25		57 YRS P BALTIMORE CITY OR COUNTY OF DEATH RUllimore City			
1000	C	OUNTRY) 11ion S.C.		U.S.A. WIDOWEI			RIED 🗆			AAD	
		ITY OR TOWN OF DEATH	11. NAME OF	CH FACILITY, GIVE	SPITAL, NURSING HOME OR OTHER INSTITU ACILITY, GIVE STREET ADDRESS)		TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF I	BUSINESS OR	
2120 DOURS	ISU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	, GIVE RESIDENCE							
LAND	Ма	TATE 136 CC	DUNTY	Balti		13d. INSIDE CITY I YES X NO 15 MOTHER'S MA		3e STREET ADDRESS 1428 Druid Hi	11 Avenue	21217	
MARY and 2		FIRST William	MIDDLE F.	Carmic		Rebbe		MIDDLE	Betha		
ond condicol		VAS DECEASED EVER IN U.S.			SECURITY NO.	17 INFORMANT	cca	ADDRESS	200114		
BALTIMORI to te be exectly siction and spers. Pages val. it, the medical	L'	Yes		247-4	4-7962	Luther	Carmi	cheal 2600 Vio			
ST., BAL		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	ISED BY:	line for to , to	WAILT	MI	100	luso	BETWEEN ON	ATE INTERVAL	
9 0,0 2		1629 Due to or as actions source of									
PRESTON he death of me offendin motion, or r froumatic		Conditions, if ony, which	(1b)_	Pre	umi	nia	1				
W. Out the out the series of the out the	NO	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS PSONS	PUCCEL	e me	lass	Loter Puln	ronvey		
y. Y.		PART 2 OTHER SIGNIFICAN	T COMPITIONS CO	ONTRIBUTING	CLCOL	not related to	THE TERMIN	al DISEASE OR CONDITION	GIVEN IN PART 11	neck	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirenteding physicion. Ifter this certificate has been signs the buriol-transit permit. There the and mental Hygiene prior to be not deen 18 shows any injur or backed or trem 18 shows any injur	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDING RTIFYING CAUSES OF YES TO	S USED F DEATH?	
F VITAL RE ANI: The Ich physicion. Hictorist por 11 Hygiene 118 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			DAY YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJURY IN ITEM			
ON OF 1 HYSICIAI ding ph us certifu buriol-tr Mentol I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		M. OF INJURY	19	211 LOCATION					
DIVISIG	WE	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE	
SR. A USe Heal		220.1 certify that (1) (this ha	spital attended th	e deceased f	00	V. 11, 1		10 . Dec. 2	9. 19. 82, the		
NA ATTE Thospite OIRECTO Ched for Oept. of I them 21		saw the deceased alive abave, (1) (we) (did) (did 22b. SIGNATURE	nat) view the body	ofter death.) ppinion de	ath accurred an the date and			
		Franklin fillillis in . m Dattending Medical Staff 12/20/82									
TO HOSPITAL retained by the TO FUNERAL should be deterwith the Store		Franklin J: Addion 2000 Liberty Hights Auc.									
1/1/1/2 × × × × × × × × × × × × × × × × × × ×	23a. E	URIAL, CREMATION, REMOV		/00		EMETERY OR CREA		23d. LOCATION	COUNTY	Ma .	
4U & BP		BURIAL JNERAL DIRECTOR	12/27/	82	Md. Ve	teran Cen		Crownsville	HSTRAR'S SIGMATUR		
DHMH - 16 60M 1/75 (VR A 15 (4))	Wm	NAME 1 77 / 77	Inc. 110	01 E. I		enu	1000	221982	and lake	ug,	
	21111										



4		1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.			
. 24			EASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			
1 - 10				HARD Kelly CARNEGIE Jr.	DECEMBER 10,1982 5:00A _M			
		3 SEX	Male	White S. DATE OF BIRTH 110 14 1925	6. AGE (IN YEARS LAST BIRTHDAY) 1 FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. YRS.			
	97		THPLACE (STATE OR FOREIGN	U.S.A. **MARRIED ** NEVER MARRIED ** **WIDOWED ** **DIVIDING TO THE TOTAL	BALTIMORE CITY MD.			
10024	23		Y OR TOWN OF DEATH ALTIMORE	I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PHE JOHNS HOPKINS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Meat Cutter 12b. KIND OF BUSINESS OR INDUSTRY Bullocks			
ND 2120	Page 8		L RESIDENCE (IF NURSING HOME TATE IS COL	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y	13e STREET ADDRESS 4304 Dogwood Drive			
MARYLAI ted within ampletely f	Solution of the second	14 FA	THER'S NAME Richard	DDLE LAST Carnegie Sr. Isabel	ne LAST Gibb			
MORE,	medical	N N	AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, C	WAR OR DATES!	arnegie 4304 Dogwood Drive			
Certifical certifical may phys	injury, or ather traumatic event, the			one cause per line lar (a), (b), and (c.) BY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH 2 Was.			
VITAL RECORDS, 20 VITAL RECORDS, 20 VIN: The low requires hysician. icate has been signed roasit permit. Then plic. Hygiene prior to burit.	bee brid	CERTIFICATION	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
SION OF VITAL RI PHYSICIAN: The k ending physician. this certificate has the burial-transit per ad Mental Hygiene	Shows and a shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
VISION G PHYS er this of	DING PHYSICIA or attending pl After this certif te os the buriol- olth and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE			
DR ATTEND thospital or DIRECTOR. A ched for use bept. of Heal		saw the deceased alive a	Pottended the deceosed from \$22, 19.87	death occurred on the date and hour and from the causes stated				
		27b. SIGNATURE	view the Body after death. DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 12/10/87				
TO HOSPITAL Cretained by the TO FUNERAL Eshould be determined by the State E	MPORTA		22d. PHYSICIAN'S NAME (TYPI	CGN Johns	topicius Hospital			
BP		(urial, cremation, remove Species Burial	236. NAME OF CEMETERY OR CREMATORY 12-13-82 Moreland Memorial Par				
DHMH ~ 16 50M 4. (VRA 15, 4)	/B2	24 6	NERAL DIRECTOR	Westminster, Maryland 21157	te recib. By Registrar 25b. Registrar's Signature 1 5 1982 2 Carrel			

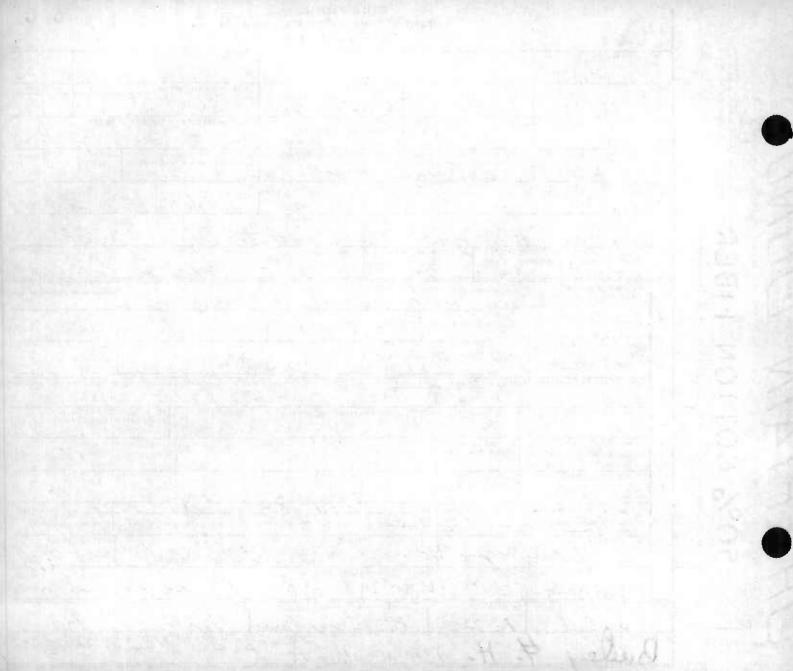


Item #5 per phone call w/Fun. Home STATE OF MARYLAND

(VRA 15, 4)

LEATER - THE PHONE HEE Clark dury NE THE STATE ON THE SELECTION OF THE SEL

16	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 1 6 0 CERTIFICATE OF DEATH REG. NO.						
1 25		CEASED NAME THIS CAPELLE WILLIAM	MIDDLE	Carr	2	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			
	1 SE	M	1. RACE		SAY - 94		MONTHS DAYS HOURS MIN.		
OW SE	2	Hd	76. CITIZEN OF WHAT COUNTRY U.S. A 11. NAME OF HOSPITAL, NURS	MARRIED MIDOWED	DIVORCED DIVINISTRATION	9 BALTIMORE CITY OR CO Baltima 120 USUAL OCCUPATION	recity MO.		
1201 1201 1201 1201 1201 1201 1201 1201	GSU.	C TTY	(IF NOT IN SUCH FACILITY, GIVE STRE	our Ho:	SP	(TYPE OF WORK FOR MOST OF WORL	12b. KIND OF BUSINESS OR INDUSTRY		
The 24 h		THER'S NAME	BA	1-60 YES	NSIDE CITY LIMITS? NO OTHER'S MAIDEN NA.	ME	chen 5 1901217		
or comple		VAS DECEASED EVER IN U.S. ARA	MIDDLE CARR MED FORCES? 16b SOCIAL SEC	CURITY NO. 17 III	BERTRU NEORMANT	ADDRESS	Dent		
BALTIMO cate be a systical or depent. Por earl		18 CAUSE OF DEATH (Enter onl	y known Z ly ane cause per line for (a), (b), (and (c).)	1ARG Ret	L. CARR :	201 Mc Mechen S APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PRESTON ST., he death certific move carbon p malica, ar remo	18	PART 1. DEATH WAS CAUSE (a) Pupliment Conditions C							
quires that signed by the plane to build.	NO								
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. fifer this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b noted or item 18 shows any injur	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC			YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO		
PHYSICIAN: The produced physicion this certificate to burial-transit and Mental Hygie did nor item 18 should a or item 18 should be successful to the produced or item 18 shou	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITI	tm 18, PART 1 OR PART 2)		
3 0 6 0 0	WEI	WHILE NOT WHILE AT WORK 22a I certify that (1) (this hospital	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	STREET 1982	CITY OR TOWN	COUNTY STATE		
OR ATTEN ne hospital DIRECTOR: oched for us Dept. of He		saw the deceased alive on above, (1) (we) (did not 27b. SIGNATURE	12/17 19		EE		nd hour and from the couses stated 22c. DATE SIGNED		
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D IMPORTANT: If I		22d. PHYSICIAN'S NAME (TYPE OF	(PRINT)	120 P	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/1/82		
IIIA I		URIAL, CREMATION, REMOVAL	23b. DATE 236	NAME OF CEMETI	ERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY W STATE		
DHMH-16 30M 2/80 (VRA 15, 4)	24. FJ	INERAL DIRECTOR	7 H- ADDRESS	8 N.CAI	howst been	E PSCIP. BY REGISTRAR TO BE	EGISTRARY SIGNATURE		



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Mar 1980

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

FOR

REGISTRAR

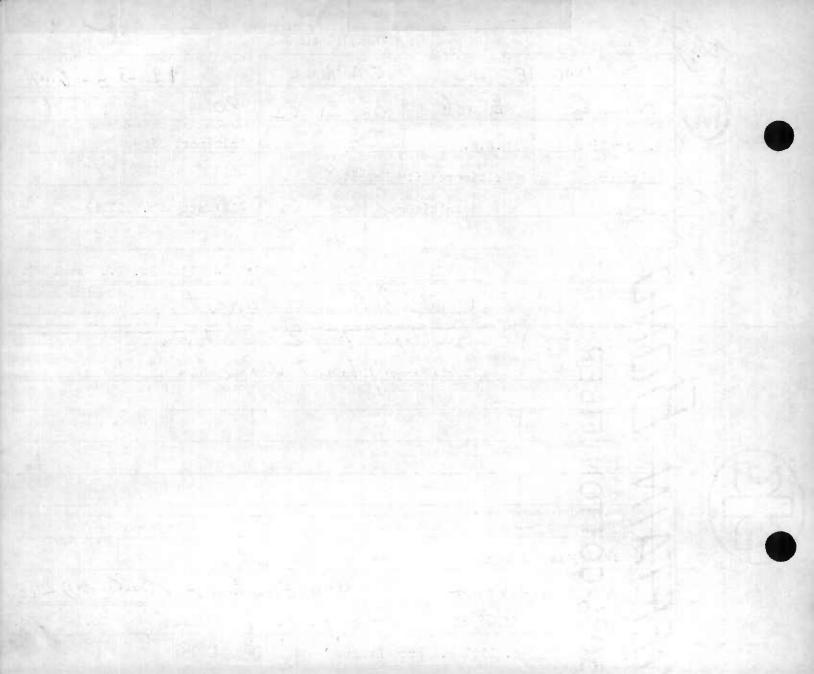
24 FUNERAL DIRECTOR

Wm C. March F/H Inc. 1101 E. Morth Avenue

DHMH - 16 50M 1/81

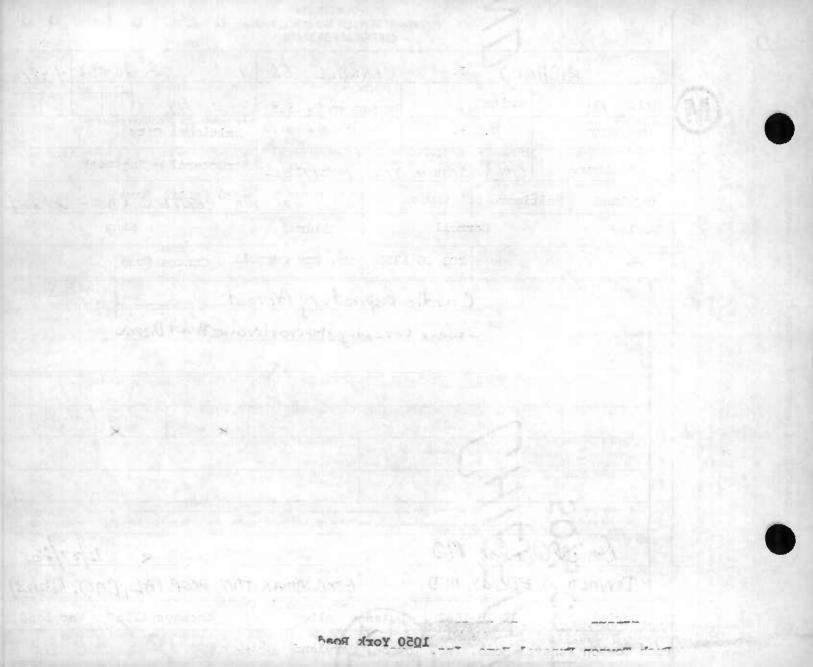
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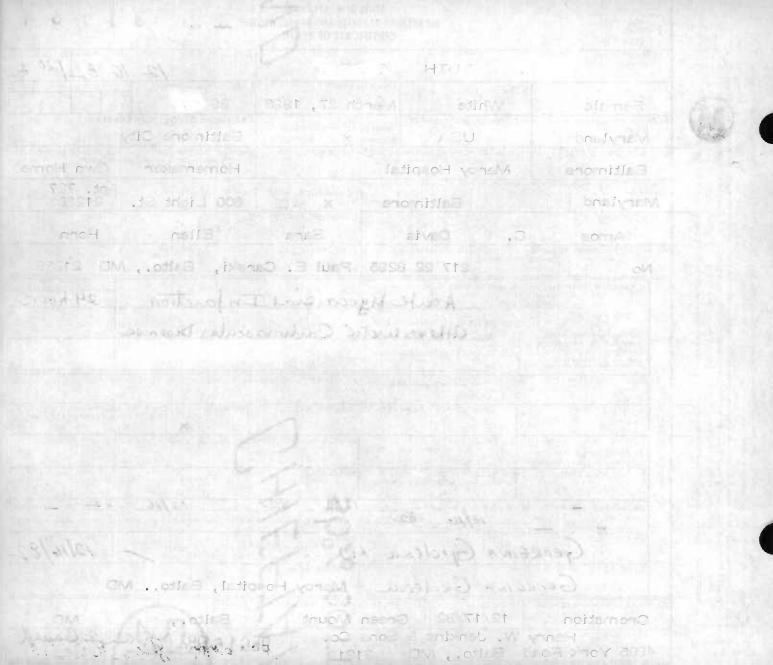
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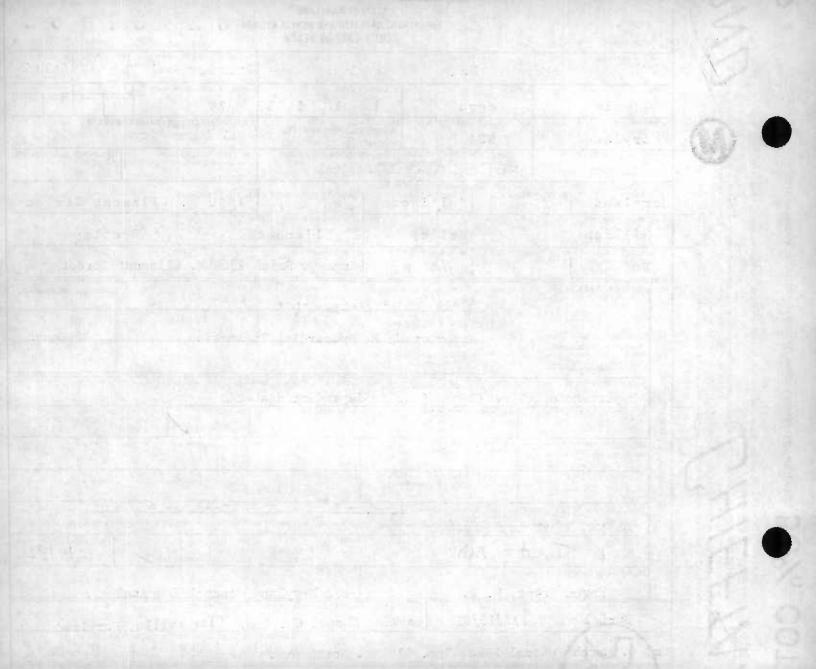


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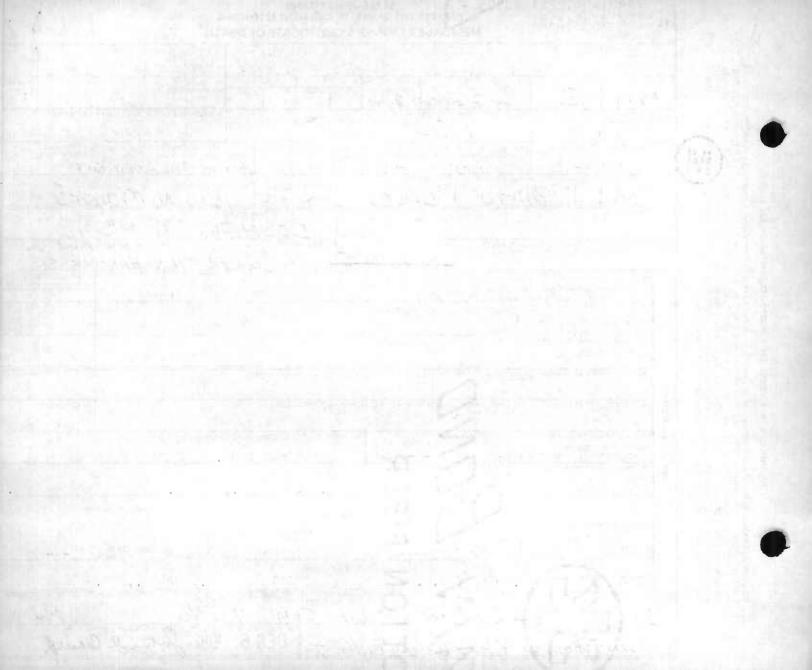






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		Item 16b, Fi			TE OF MARYLAN	_			
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2		1/0	0	24	WIDOWED [Baltimore		ME
1	100	LY OR YOWN OF DEATH		TAL, NURSING HOMI ITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUT		CUPATION (TYPE OF W WORKING LIFE)	ORK 126. KIND OF OR INDU	
J	10	Baltimore		ity Hospit		Home	IMPRUJG.	NOWT	
5,		TATE 136. COU	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI 13(. CHYOOR TOWN	ON) 13d. INSIDE CIT	Y LIMITS? 13e STREET AD	DRESS		
5		With 1	AUTU	SPUTO	YES	NO 161	ONIMI	DUNTY	
10	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHE	R'S MAIDEN NAME	MIDDLE	LAST	
	2			075 00	and D	OSHGRU	Sign	vson	
	16c. V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166. 251-00-	9995 17 INFORM	ANT	ADDRESS	cichinoNd	Vie.
				23/-88-9	985 Dosh	er onuson	511 N. HA	weaks	54.
		18 CAUSE OF DEATH (Enter a	nly ane cause per line fo	ır (a), (b), and (c).)				APPROXIM BETWEEN OF	MATE INTERVAL
		PART I DEATH WAS CAUSE	TE CAUSE (a) Per	forating g	unshot wou	nd of abdome	n_(handgur		
		7630		S A CONSEQUENCE	OF				
		Canditions, if any, which gave rise to immediat							
773	1	cause (a) stating the <u>under</u> lying cause last.		S A CONSEQUENCE	OF				
		Tyling couse last.	(c)						
		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1 (g)			
į	CERTIFICATION								360
	S	19a. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORA	AED?		20 AUTOP	SY?
	E							YES X	ON C
>	8	210 EXTERNAL CAUSE WAS	21b. TIME OF IT	NJURY MONTH DAY YEAR		OCCURRED (ENTER NATURE C	OF INJURY IN ITEM 18 PART 1	OR PART 2)	
)	MEDICAL	CONTRIBUTING CAUSE OF		12-2- 19 8	2 Subject	was shot.			
	AED!	21d. INJURY OCCURRED WHILE NOT WHILE	STREET EACTOR	INJURY (AT HOME,	211 LOCATION STREET	· CITY O	R IOWN	COUNTY	STATE
	-	AT WORK AT WORK	1	ouse	22 S. Pa	yson St., Ba	lto.		Md.
		22a. I certify that I took char	ge of the remains descri	bed abave, held an	Autopsy X	Inspection . Inqu	and in r	my apinian	
		, '				de X . Undetermine		,	
		L	00		TITLE (SP				
		ACTUAL SIGNATURE	12NY		,	stant MEDICALE	CAMINER	ATE 12-3	-82
7	1	1							
-		EXAMINER'S NAME And	M. Dixon,	M.D.	ADDRESS	111 Penn St.	, Balto.,	Md. 2120	11
-	23c. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATO	RY 23d LOCATIC		COUNTY	
		RURIA	12-8-82	MIT, AL	164TN CE	M ROLL	10	A	Yall
	24. F	UNERAL DIRECTOR	ADDRESS		[2	Se. DATE REC'D. BY REGIS		R'S SIGNATURE	
	BI	ZDWN-Thoma	SEN F. H.	913 10, 7	Balte. V.	DEC 6 198	2 John	of Cancel	R



8	1-	FOR STATE REGISTRAR		DE	PARTMENT	OF HEALTH AND TIFICATE OF	MENTAL HYG		2 EG. NO.	3 1	1 6.8		
4/3		CEASED NAME FIRST		MIDOLE		ŁAST		20. DATE OF DE		DAY YEAR	26 HOUR'		
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o) the lied strain	P	BALTIMORE	THE	T IN SUCH FACILITY, GIV	E STREET ADDRESS	NS HOSE		12a USUAL OCC (TYPE OF WORK FOR			O OF BUSINESS OR RY		
within 24 hours within 24 hours and 25 should be 4	13a. S	AL RESIDENCE (IF NURSING HO) STATE 136 C	ME OR OTHER INSTI COUNTY	13c CITY O			CITY LIMITS?	13e. STREET ADD	RESS	Street	21202		
thin thin	_	ATHER'S NAME		-		4.2	'S MAIDEN NA	WE		Delect	21202		
MAR will	N/	A	MIDDLE	E/	AST	F1	liza	MI	DDtE		LAST		
*	_	VAS DECEASED EVER IN U.S	ARMED FOR	CES? 166 SOCIA	AL SECURITY N				ADDRESS				
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BALTI ote b rsicioi opers.		18 CAUSE OF DEATH (Ente	er only ane cau	se per line far (a),	(b), and (c).)	ALT LE				APPR BETWEI	OXIMATE INTERVAL EN ONSET AND DEATH		
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ding orbic or record		0389		TO, OR AS A CON		(24/-						
Sten offen, ove c fion, oum		Conditions, if ony, which	h ((b) Deps						21:	2/6		
W. PR		gove rise to immediate couse (a), stating the underlying cause lost	e DUE	TO, OR AS A CON	nsequence o)F		100					
201 ss th ss th pleo rriol,		PART 2 OTHER SIGNIFICA	- ((c)	IC TO DEATH	DUIT NOT BELATE	D TO THE TERM	INIAI DISEASE OF	CONDITION	CIMENTINLEADT	1		
bos, sign hen to bu	Z	Coma	INI CONDINC	INS CONTRIBOTIO	NG TO DEATH	BUT NOT RELATED	DIO INE IERM	MINAL DISEASE OF	CONDITION	PIAEIA IIA LAKI	ild.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours then this certificate has been signed by the attending physician and completely filled in by os the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be All the and Mental Hygiene prior to buriol, cremation, or removal. Or steed or I am I statement injury, or other troumatic event, the medical examples in the property or the corporate or the co	CERTIFICATION	IFICATIO	IFICATIO	190. DATE OF OPERATION	196 (CONDITION FOR	WHICH OPERA	TION WAS PERFO	ORMED	200 AUTOPSY	? 20b. IF Y	YES, WERE FINE RTIFYING CAUS	DINGS USED ES OF DEATH?
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DIVISION PHONE PHO	WE	WHILE NOT WHILE C	CATHO	OME STREET, FACTORY,	OFFICE, FARM, ETC	STREE	Т	4 100	TY OR TOWN	COUNTY	STATE		
ND I or wise A sign of the blank is me		220.1 certify that (1) (this h			fram		19	to_ Dec		19_87_	_, thoth(we) last		
Spite CTO CTO 121		saw the deceased aliv abave, (I) (we) (did) (di		body after death	19 37	ond that in my	(our) opinian	death occurred on	the dote and h	hour and from t	he couses stated		
I OR A the ho I DIRE stacked e Dept		276. SIGNATURE	Re	wich		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR D	STAFF	22c DA	TE SIGNED		
PIT		22d. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRE	SS		1		, , , , ,		
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/ 0 / BP	В	UR'IAL	12	/16/82	Mount	Calvary	Cem	Balti	more	5501111	Md.		
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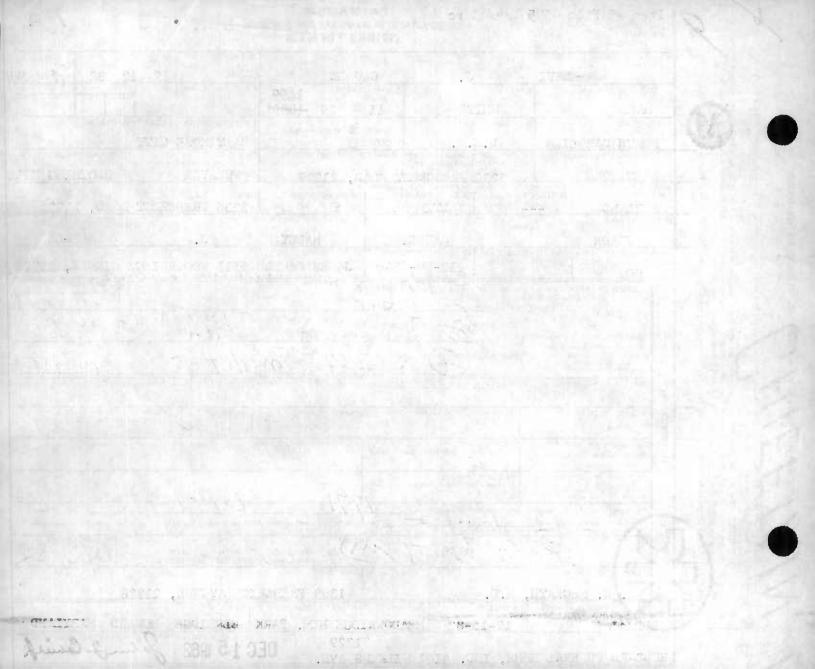
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1 2 4 6	10 C	Md ITY OR TOWN OF DEATH	U.S.A. NAME OF HOSPITAL, NUR	WIDOWE			more Ci	‡y	MD.
1 1 40	10 0		(IF NOT IN SUCH FACILITY, GIVE STR	REET ADDRESS)		(TYPE OF WORK FOR	UPATION MOST OF WORKING LIFE		ISINESS OR
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d co		VAS DECEASED EVER IN U.S. ARA				Channing	ADDRESS Ba		
be exect on ond or service medico		No.	215-32	2-1392	Mr. Frank	clin W.Ca	tterton	2122	
ysicio operivol.		18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED	y one cause per line for (a), (b),		0			APPROXIMATE BETWEEN ONSE	
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RAL detc		red W.	Dury,	11.D.	ATTENDIN PHYSICIA		STAFF	1/2/29	182
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O to o to o		1000.	DWITZER.	M.D		TON AUF		LTIMOR	b, MD
nn.		SPECIFY)			METERY OR CREMATO	CITY OR TO		COUNTY	STATE
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prior ony	CERTIFICATION	190 DATE OF OPE	RATION	196 CONI	DITION FOR W	HICH OPERATION	N WAS PERFORME	ED	200 AUTOPSY?		WERE FINDING CAUSES	
is certificate hos burial-transit pe Mental Hygiene		210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH	H DAY YEAR	21c. HOW INJURY	RY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT (OR PART 2)	
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se as the bu ofth and M marked a	×	WHILE NOT	WHILE WORK	(AT HOME, S	STREET FACTORY, O	FFICE, FARM ETC)	SINCE		Citron			41.112
or use of f Heolth T is mor	-	22a 1 certify that	(this hosp	ntal) attended to Decembe	the deceased f	Tom Decem	her 15 1	19. <u>82</u> 11) opinion de	_, to December			that (K(we) lost couses stated
RECTOR: ed for us pt. of He em 21 is		obove X () (we) (did) (d)d)x	K view the bad	ly after death		DEGREE				121 DATE	
VERAL DIRE be detoched Stote Depi		Pe	4	ani.	ery		PHYS	ENDING SICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🙀	12	116/82
FUNERAL The Stote ORTANT:		22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	1		228 ADDRESS					
TO FUNERAL should be der with the Stote IMPORTANT:		Joe Ga	ney. M	1. D.			c/o Mary	vland	General Ho	spital		
Apren !	23a. B	URIAL, CREMATIO	N, REMOVAL				CEMETERY OR CREA	MATORY	23d LOCATION		COUNTY	STATE
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- 16 50M 4/B2 (RA 15, 4)	24. FL	SCORPH W	Mam Fo	ster !	BEI Air	MATHAN	119 M	250 DE	5211982	R ASH REGISTR	AR' OSIGNAT	mel

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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

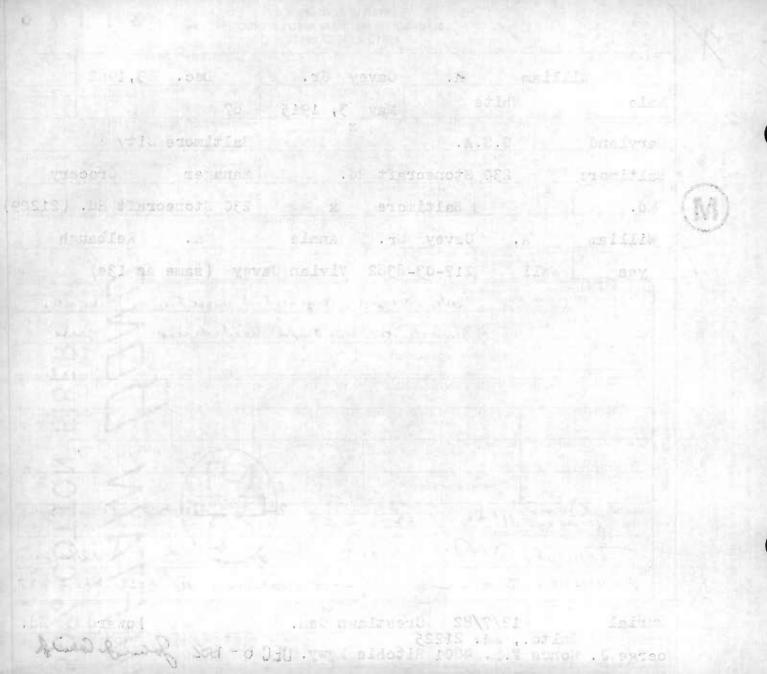
CERTIFICATE OF DEATH

FOR

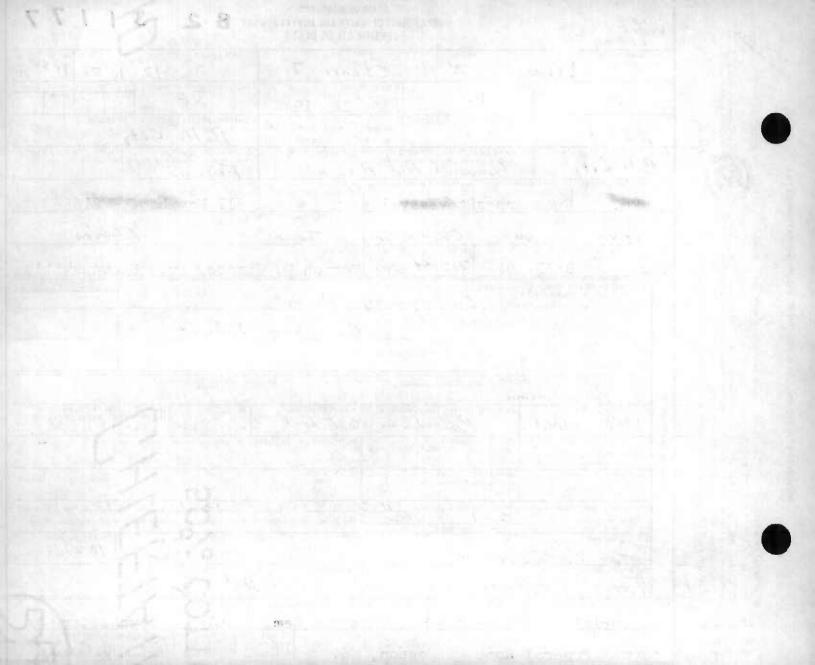
- STATE

(VRA 15, 4)

REGISTRAR



6	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	11//
A 75		CEASED NAME FIRST VERN	MIDDLE W	Chance Jr	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
che, pog	3. SE		4. RACE	5. DATE OF BIRTH MAR 30 1946	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Partit Pop	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY Baltimore City OR COUNTY	Y OF DEATH
1008		Balt City	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR
85			ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13t. CITY OR TO ENANNES STEVENS	VILLE YES TO NO [130 STREET ADDRESS 917 May Lane	21666
and 22		Vernon	w Chane	1 2 0	MIDDLE	Blandes
and the same		YES. NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 2-1974 215-44	1 (1 -	Chance, Sr. S	Stevensville,
physici on paper emaval. event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), (ED BY: TE CAUSE (a) Cardis res			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth certi tottending prove corbon totion, or ren troumotic ev		2397 Conditions, if any, which	DUE TO, OR AS A CONSEQ	UENCE OF Brain Stom	Infact	
ed by the college removed in or other trees.		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		
equires n signed Then pli r to buri injury, o	NO	Prolaction		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART I(o)
on print	CERTIFICATION	190. DATE OF OPERATION	0 /	HOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \(\text{\text{T}}\)
PHYSICIAN: The Indian physicion. This certificate has the buriol-transit per the buriol-transit per the Mental Hygiene d or frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER MATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
DING PHYSIC or attending After this ceres the burio olth and Ment morked or ther	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TEN TOR: Or us		sow the deceased alive or	ital) attended the deceased from 12 - 1 19 19 19 19 19 19 19	19 19 19 19 19 19 19 19 19 19 19 19 19 1	deoth occurred on the date and had	19, that (I) (we) last or and from the causes stated
DR ho		27b. SIGNATURE	Tura my	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/82
HOSPI pined b FUNE buld be th the Si	-	TRANCIS TF	ERRARO, MO	Univ of	Md Hospital	
P		BURIAL, CREMATION, REMOVAL		d. Veterans Cem.	23d. LOCATION CITY OF TOWN Beulah Don	chester Md
DHMH - 16 50M 4/B2 (VRA 15, 4)		Burial UNERAL DIRECTOR NAME	ADDRESS	250. DA	TE REC'D. BY REGISTRAR 25h REGIS	
(100 10, 4)	1	Newnam Funera	L HOME Ea	ston, Md. UE	7000	- Charles



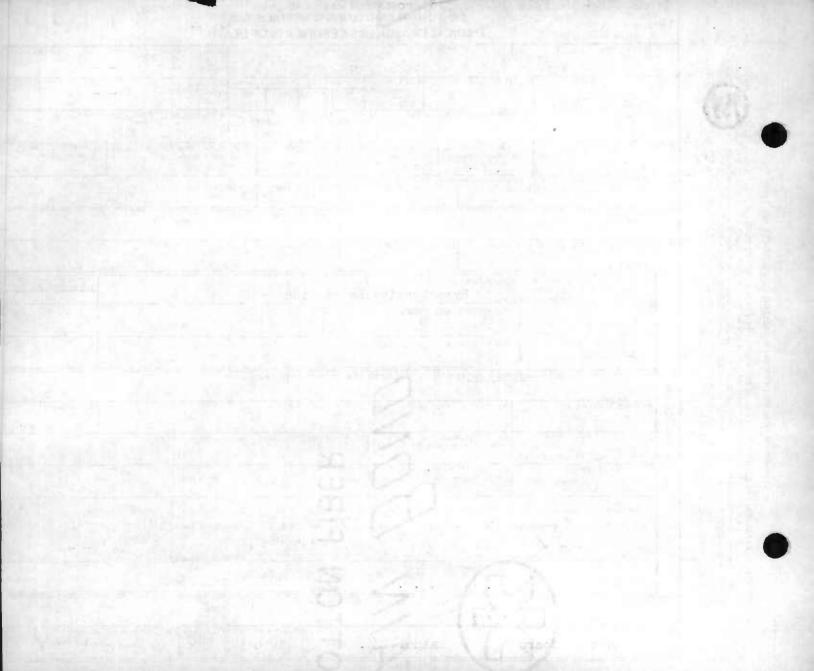
2	9	#8, FilmG577 3/4/83 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	7 8
10	1	1. DECEASED NAME FIRST MIGDLE LAST 20. DATE KNOWN \(\triangle \) MONTH GAY YE	AR Zb HOUR
	Nava British	Robert C. Chandler OF ESTI- DEATH MATERIX 12 22 19 8	
	38.20	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IIF UNDER 24 HRS. 26. DATE MONTH DAY Y	EAR 2d. HOUR
	(141)	Male Cauc. MONTH 6/13/18 AT LAST RICHOLD GAYS HOURS MIN PRONOUNCED DEAD 12 24 19 8	111111111111111111111111111111111111111
, A		BIRTHPLACE (STATEOR 17), CITIZEN OF WHAT COUNTRY?	
	DESER OF	FOREIGN COUNTRY) U.S. WARRIED NEVER MARRIED Baltimore City	440
	SERVE N	10. CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OWORK 128 KIND OI	F BUSINESS
	ALAES C	Baltimore 426 Faweett Street Page 1 Per Most of Working Life OR INDI	
	SER SE	MISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	
9190	AND DO	136. COUNTY BALTO. 136. INSIDE CITY LIMITS? YES X NO 126 Fawcett St.	
9	20 mg	14 FATHER'S NAME FIRST 15. MOTHER'S MAIDEN NAME FIRST ? MIDDLE LAST	
ON CA	N S S S S S S S S S S S S S S S S S S S	166, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR PATES) 166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
MITIMORE	IS AFTER NITH FOR WITH FOR PAGES DIVISION	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes. WW 2 Son	
	20210	The divided of destrict any one code per line (a), (b), and (c),	MATE INTERVAL
2	24 HO ITEM 1 CONG PERMI SIENE VAL	PARTI DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease	INSET AND DEATH
9	THIN 24 CIL IN ITE VER ALC ANSIT PE AL HYGIE REMOVA	DUE TO, OR AS A CONSEQUENCE OF	
0	UTED WITHIN IN PENCIL IN EXAMINER A RIAL - TRANSIT D MENTAL HY ON, OR REMC	Canditians, if any, which gave rise to immediate (b)	
3	WANN WANN OR	couse (a) stating the <u>under-lying</u> DUE TO, OR AS A CONSEQUENCE OF	
201	ON A PER SE	(c)	
DAVIGION OF VITAL PECORDS, 201 W. PRESTON CE	HOULD BE EXECUTED WITHIN 24 HO RED "PENDING" IN PENCIL IN TIEM. THIEF MEDICAL EXAMINER ALCVE USED AS A BURIAL. "RANSIT PERM OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
0	SHOULD ORD "PE CHIEF N E USED A T OF HE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A M. MONTH. DAY YEAR 10 HOUR A M.	SY?
7	TE SHOUL WORD "P E CHIEF BE USED ENT OF HI	YES (ХХои
u C	R: THIS CERTIFICATE SHOUNTE. WRITING THE WORD. WRITING THE CHIEF R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF HID, 21201 PRIORTO BURDIAN	216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR	
2	FE COS S	CONTRIBUTING CAUSE OF DEATH P.M. 19	
32	CERTIFICATE TING THE W DED TO THE 3 SHOULD E DEPARTMEN 1 PRIOR TO	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 It location VIII NOT WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
	1346E	AT WORK AT WORK	
	ORW ORW IE ST	22a I certify that I taak charge of the remains described above, held on Autapsy . Inspection XX. Inquiry . Inquiry	
	A CHANGE	death resulted fram: Natural corresXXX, Accident , Suicide , Hamicide , Undetermined manner ,	
	EERT WIT WIT WAR	TITLE (SPECIFY)	
	AL HALL	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 12/2	25/82
	DEA SET TET TET TET TET TET TET TET TET TET	EXAMINER'S NAME	
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STEM ORE, MARYLAND, 2	(TYPE OR PRINT) Hormez R. Guard, MD. ADDRESS 111 Penn Street, Balto, MD 2120	01
	5385FA	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY	STATE
121	BP	Burial 12/28/82 Garden of Eternal Hope Balto, Co. Md.	
1000	DHMH - 17	24 FUNERAL DIRECTOR ADDRESS	uf
	(VR A15 ME (5)) 20M 4/82	Paul E. Chenweth 3rd. 3617 Chestnut Ave. DEC 281982 John G. Cah	-

\F#\--12/01/32 (10-40) 12 (10-40) 1 (10-40) 42 (10-40) o the second second second

	It	ems 13a-e per	phone 12/22/82	dadate of Maryland		
	1.	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 2 REG. NO.	3 1 1 7 9
noy be	TYP	CEASED NAME FIRST Shert		Chaney	20. DATE OF DEATH MONTH	-9-82 1007 PM
Poge 4 mc	3. SE	Female	Black	S. DATE OF BIRTH MONTH CAY YEAR 12 9 81		IF UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 7 52
heroli n 72		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	0 Cuty	MD.
Off die		Baltimire	IF NOT IN SUCH MCILITY, GIVE STREET	y of Marylas	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK	
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill examinering be fill		AL RESIDENCE (IF NURSING HOME OF TATE 131 COUP	ROTHER INSTITUTION, GIVE RESIDENCE SEFOR NTY 13c. CITY OR TOW Balt	VN 13d. INSIDE CITY LIMITS	2102 Allenda	le Rd. 21216
			RMED FORCES? 166. SOCIAL SECU	is Verta	ADDRESS	Moorehead
BALTIMORE, cote be executed to and copers. Pages 1 wol.		YES, NO ORUNKNOWN) (IF YES, GIV	VE WAR OR DATES)	4		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove corban p uriol, cremation, or rema	NO	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU		erminal disease or condition	
ITAL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VI	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE- LIF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P,M. 218. PLACE OF INJURY	19 21f. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2) COUNTY STATE
TTENDI pitol or TOR: A for use of Heol	W	sow the deceased alive on	(AT HOME, STREET, FACTORY, OFFICE,	rann, etc)	2,10 12/9	, 19 X , that (I) (we) lost
the ho troched to Dept		226. PHYSICIAN'S NAME (TYPE C	Bushit,	DEGREE ATTENDIN PHYSICIAI 27 ADDRESS	G MEDICAL STAFF	12/9/82
TO HOSPITA retoined by TO FUNERA should be de with the Stort IMPORTANT		BURIAL, CREMATION, REMOVAL	N BUSKIRK	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OF TOWN	COUNTY STATE
1548BP		Removal UNERAL DIRECTOR	12/15/82 ADDRESS	25		GISTRAR'S SIGNATURE
(VRA 15, 4)		Anatomy		Balto., Md.	CO-13 MAR	

Frank 6. To Base Jone Jone 7. to the limit of the wall of the wall of Astronova Barries are a resultant THE WAY THE WAY Lew Ville Bank & Mile of the Control of the Latin the Later - All Application Day V 3123 Laval 12/1

1 6	REGISTRAR	AE FIRST	ME	DICAL EXAM	IINER'S		CATEO			REG. NO	_		
	ECEASED NA/ YPE OR PRINT)			MIDDLE		LAST		20	OF OF	ESTI- XX	MONTH		AR Zb HO
		ROBE			CHASE				DEATH MATED 12-3-8219				
3. S	Male	4. RACE Black	5. DATE OF BIRTH		RIHDAY) MONT	HS DAYS	HOURS		CONOUNC DEAD	ED		3-82	3PM
70.	BIRTHPLACE FOREIGN COUNTRY		76 CITIZEN OF W	HAT COUNTRY?		VED NEV	VER MARRIE			-	City	Y OF DEAT	1
10.	Baltimo		(IF NOT IN SUCH FA	SPITAL, NURSING HACHITY, GIVE STREET ADDR	ESS)	HER INSTITUT	NOI		L OCCUPA OST OF WORKIN		PE OF WORK	12b KIND OI OR IND	
	JAL RESIDENC STATE	E (IF IN NURSING HOME O	OR OTHER INSTITUTION, G		MISSION)	13d. INSIDE CI	TY LIMITS?	13e STREE	T ADDRESS	S	Ь		
4.	FATHER'S NAM FIRST	NE .	MIDDLE	LAST			R'S MAIDEI	NAME	MIDI	DLE		LAST	-
160	WAS DECEAS (YES, NO, OR UNKN Unkn		MED FORCES? WAR OR DATES)	16b SOCIAL SEC	JRITY NO.	17. INFORM	AANT			ADDRESS	5		
	Canditi gave cause (i lying co	DEATH WAS CAUSED IMMEDIA ans, if any, which rise to immediate a) stating the under- ause last. SIGNIFICANT CONDITIONS	TE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c)	Hypertens: As a Consequen	ICE OF								
NO								1 1 (0).	7915				
CERTIFICATION	190 DATE C	OF OPERATION	19b CONDI	TION FOR WHICH C	PERATION W	AS PERFOR	MED?					20 AUTOI YES [
i ii	UNDERLYIN CONTRIBUT	OCCURRED	DEATH P.A.	M. MONTH DAY	YEAR	OW INJURY	OCCURRED		TURE OF INJUR			RT 2)	STA
MEDICAL	WHILE	NOT WHILE		TORY, PARM, ETC.)	- J								
	WHILE AT WORK	1	ge of the remains de		an Autop Suicide	osy X. Hamic	Inspection ide	Undeter	Inquiry [mined man	ner .	DATE SIGNE	12-4-8	2
	WHILE AT WORK 220 I cer death ceru	tify that I took charg	ge of the remains de	scribed above, held accident,	an Autop Suicide	Hamic	PECIFY) stant	Undeter	mined man	ner,	DATE	12-4-8	2



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	1-	FOR STATE				AND MENTAL H	0 4	3 1	1 8	1
3		REGISTRAR	ME		NER'S	CERTIFICATE O	KEC	6. NO.	100	
		CEASED NAME FIRST E OR PRINT)		MIDDLE / A	1	LAST	20. DATE KNOWN OF ESTI-		DAY YEAR	26 HOUR
EET SEE		Mary	t	IZABELD		heeks	DEATH MATED	12	2819 82	M
	3. SE)	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRT		HS DAYS HOURS	MIN. PRONOUNCED	MONTH	DAY YEAR	2d. HOUR 5:20F
(100)	1	MAJE COL	11-24-	43 51	YRS.		DEAD	12	28 19 82	M
		RTHPLACE (SPATE OR REIGH GOUNTRY)	76. CITIZEN OF W	HAT COUNTRY?		IED NEVER MARRI	ED BALTIMORE CI	_		
機能を表すく	Q/	TY OR TOWN OF DEATH	II NIAME OF HOS	SPITAL, NURSING HO	WIDOV		ED U Baltim	ore Cit		MD.
ELAY IS TO THE PAGE SE 2011		Baltimore	Johns	Hopkins Ho	s) Spita		FOR MOST OF WORKING LIFE	,	OR INDUST	RY
AND	130 S	RESIDENCE, IF IN NURSING HOME OR TATE 136 COUNT	OTHER INSTITUTION, G Y	13c. CIDY OR 1	SSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	illor	1 Acr	01
E MD	14. FA	THEY NAME PIRST DENT	MIDDLE (Rook		15. MOTHER'S MAIDE	N NAME MIDDLE	my	LAST	
TIMOR FERAGE FORM NOS IN	16a. V	VAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECUR	RITY NO.	IN INFORMANT	DDI	RESS	ING	
ALTI AFTE AGE TSIO	(1	ES, NO, OLUNKNOWN) (IF YES, GIVE W	AR OR DATES)		100	mrs. SA	Ah A. Chee	t5429	Denme	meAle
B S NO		18 CAUSE OF DEATH (Enter only	one cause per line	far (a), (b), and (c).)	T				APPROXIMATI	INTERVAL T AND DEATH
A TENENT A	1	PART I DEATH WAS CAUSED	E CAUSE (o)	cute pancr	eatit	15				
PRESTO THEN 2 OLLIN II FIR IN II ANSIT P REMOV		5770	DUE TO, OR	AS A CONSEQUENC	EOF					
	1	Conditions, if any, which gave rise to immediate	(b)							
M. OR KENW.		cause (a) stating the <u>under</u> - lying couse last.	DUE TO, OR	AS A CONSEQUENC	E OF					
DS, 28 WECUT AGT IN AND VALE A		BART A BYWE CICHELLAND COMPANIES	(c)							
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN RDED TO THE CHIEF MEDICAL EX RES SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M OI PRIOR TO BURIAL, CREMATION	z	PART 2 DTHER SIGNIFICANT CONDITIONS C		atty Liver		E OR CONDITION GIVEN IN PA	RT 1 (a);			
CERTIFICATE SHOULD BE ETING THE WORD "FEILING THE WORD "FEILING THE MEDICATE SHOULD BE USED AS DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CHEM	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OP		AS PERFORMED?			2D AUTOPSY	2
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OF VI	ERT	210 EXTERNAL CAUSE WAS	216. TIME O		21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR		NO []
ON OF THE ANTIMETERS ON O		UNDERLYING OR CONTRIBUTING CAUSE OF D		A. MONTH DAY YE	AR					
ISIO FERTIF S SHC PRICEPA	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME,		CATION	6.			
	*	WHILE DOT WHILE D	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOWN	COL	UNTY	STATE
R: THI TE, W R: PAG E: STAI		22a I certify that I taak charge	of the remains de-	scribed above held an	Autop	sy X, Inspectio	n , Inquiry ,	and in my ap	via a a	
L EXAMINER: CERTIFICATE OULD BE FORD I DIRECTOR: I WITH THE S MARYLAND,			ol course EV	1	Suicide	, Hamicide .	Undetermined manner	7.	7111041	
XXAN LD B WITH WITH ARY		10	75-11	15	10	TITLE (SPECIFY)				
A S S S S S S S S S S S S S S S S S S S		SIGNATURE MULLINI	N ///	negh 1	WW N	Assista	nt MEDICAL EXAMINER	DATE	D12/29/8	2
NER A SET	1	EXAMINER'S NAME		()					115	
O MEDICAL EXAMIN KECUTE THE CERTIFIC AGE SHOULD BY FIVER LORECTO FIVER DIRECTO FIVER D		(TYPE OR PRINT)		Smyth, M.D.		ADDRESS		alto.,	MD.	
DE PAGE	23a.B	URIAL, CREMATION, REMOVAL 23	b. DATE	23c NAME OF C	EMETERY	OR CREMATORY	23d LOCATION SITY OR TOWN	COUN	VITY G 1 ST	TATE
403BR504	74 5	OUT A DIRECTOR	2-80	10/11/2	101	1250 DATE	REC'D. BY REGISTRAR 256	PEGISTRAP'S S	ICNATURE.	
DHMH - 17	1	NAME /	C ADDRESS	2 mi Alm	th A	TO TAN	A 1083	e O	Car	1

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STATE OF MARYLAND

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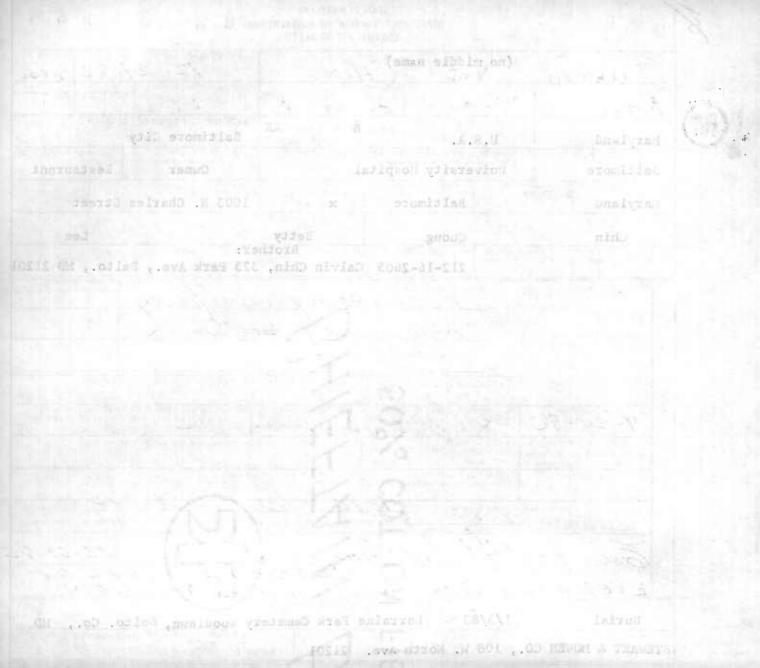
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*	l	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	3		8 3
oy be age 3 deoth	(14)	CLARA		Belle C	_		20. DATE OF DEATH	12 27	82	9 58 PM
offer.	3. SI	FEMALE	4 RACE	thite	5 DATE C		6 AGE (IN YEARS LAST	SIRTH(DAY) IF MOR		FUNDER 24 HRS
(M)3	100-6	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIL	9 BALTIMORE CITY			440
10 10 10 10 10 10 10 10 10 10 10 10 10 1		BALTIMORE	(IF NOT IN SU	CHFACILITY, GIVE STREET	ADDRESS)	OF OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOMEMAKER	TION T OF WORKING LIFE)	12b. KIND OF B	USINESS OR
AND 211 filled in nould be	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU)	ROTHER INSTITUTION	131. CITY OR TOW		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Popla.	r st	
ompletely ond 2 st		ATHER'S NAME FIRST ALLIAN	MIDDLE	GRA HAM		15 MOTHER'S MAIDEN N. FIRST MARGARE	rece ?		LAST	
BALTIMORE		WAS DECEASED EVER IN U.S. AR YES NO OR LINKNOWN) (IF YES, GIV	RMED FORCES?	2192 09		IVORY LEGGE	F 711	ress WESTWOO I	FAVE :	212164
RDS, 201 W, PRESTON ST., equires that the death certifins signed by the ottending plane please remove carbone rio buriol, cremation, or remainjury, or other traumotic ever	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, C (b) DUE TO, C (b) (c)	OR AS A CONSEQUE	ENCE OF	roct Infec	MINAL DISEASE OR CO	NOITION GIVEN	IN PART 1101	Resolves
AL RECORDS The low requirence The low require	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO S	20b. IF YES, W	VERE FINDINGS	S USED
DIVISION OF VITA NG PHYSICIAN: The ottending physician fifer this certificate os the buriol-transit the and Mental Hygin orked or frem 18 she	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER MOTIFY MEDICAL EXAMINES 210. INJURY OCCURRED WHILE OTO WHILE AT WORK	P. PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE F	19	211 LOCATION STREET	RRED (ENTER NATURE OF IN		OR PART 2)	STATE
AL OR ATTENDI the hospitol or the DIRECTOR: A eloched for use the Dept. of Heal		220.1 certify that (1) (this hasp) sow the deceased alive on above, (1) (we) (did) (did no	t) view the body		- 1	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF .	82, tho nd from the cou	eses stated
TO HOSPIT, retoined by TO FUNER, should be divership the Sto with the Sto	73p	Claudb.	F. La	naTa	JAME OF C	A STATE OF THE PARTY OF THE PAR	Haspital,	B617.20	on pld	21216
160 PP-	L	ISPECIEVE BURIAL UNERAL DIRECTOR	DEC.30),1982 P		REEK CEM.	NEW WIND			MD.
OHMH - 16 50M 1/81 (VRA 15, 4)		CKHARDT FUNERAL	CHAPEL	S.M.L. DRESS OWINGS	MILLS	MD.	JAN 4 1983		- 2 Car	will

MENTERS METERSON

(VRA 15, 4)

STATE OF MARYLAND



	1.	FOR - STATE REGISTRAR	D	EPARTMENT OF HEALTH AN CERTIFICATE O	ND MENTAL HYGIEN	E 8 2 3		8 5
0		CEASED NAME FIRST	MIDDLE	LAST	20.	DATE OF DEATH MONTH	DAY YEAR	26 HOUR
tor, page 3 offer death	(TYP	E OR PRINT)	KLAN	CIRII	1.0	12/	15,82	4:45P M
moy moy		1	4 RACE	5. DATE OF BIRTH	6. 4	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	2	Hemale	White	MONTH DA		70 YRS.	MONTHS DAYS	HOURS MIN.
- P - P	16	PLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	_ 9.E	BALTIMORE CITY OR COUNT	TY OF DEATH	
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he fune within	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER		USUAL OCCUPATION		OF BUSINESS OR
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orthin 2 sh	14. E.	ATHER'S NAME	MIDDLE	IS. MOTH	IER'S MAIDEN NAME	WIDDIE		
a land Office		VITTORIO	Cantal		gelina	± D	i Doo	ardo
edeol co		WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCI	AL SECURITY NO. 17 INFO		ADDRESS		
be exected and a second and a second a		YES, NO OR UNKNOWN) (IF YES.	NO 212-	22-3023 ang	gela Schai	13- 912 Vana	lerwood	1 R. 2122
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gned to pleo buriol, y, or o	2.0	PART 2 OTHER SIGNIFICAN	T COMPITIONS CONTRIBUT	NG TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE OR CONDITION G	IVEN IN PART 1	la'
requir Then reto b	ON N	Renal	Jailone					
is low required to be signed tor be signed to be signed to be signed to be signed to be signed t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PE		20a AUTOPSY? 20b. IF YI	ES, WERE FINDI	NGS USED S OF DEATH?
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ficot from Trong 18 s	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		TH DAY YEAR 21c. HOV	W INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
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5 € ± 4 3 ₹	23a	BURIAL, CREMATION, REMOV	/ /	23c. NAME OF CEMETERY		23d LOCATION	COUNTY	STATE
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DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	0	DDAESS . A A	2 PATE RE	BY REGISTRAR (SV REGISTRAR)	STRAR'S SIGNA	TURE
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		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST		10.0	ONTH DAY YEAR 26. HOUR
nay be page 3 rr death		HARRIET	C. C.	ARK		1	2-26-82 M
a di	3. SE		4 RACE	5. DATE OF BI	IRTH	6 AGE (IN YEARS LAST BIRTHO	
4 of	1	EMALE	COL V	JUNE	19,19/6	66	YRS.
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A MARK	11 1 4	ALTIMORE MD	U.S.A	WIDOWED		BALTIM	ORE CITY MD.
FIAF	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		THER INSTITUTION	120 USUAL OCCUPATION	12b, KIND OF BUSINESS OR
5 1 1	13	ALTIMORE	3606 D		ROAD	HOMEMA	
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tell the	14 FA	THER'S NAME	MIDOLE LAST		MOTHER'S MAIDEN NA		TZAJ
E, MARYI	11		CINSONI		ELSIE	MACKEY	4
	16a V	AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SE WAR OR DATES)	SECURITY NO. 17.	INFORMANT	ADDRESS	
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ori ori		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)
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bow re been muit.	S	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION W	/AS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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PHYS ending this c to bur od Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		LOCATION STREET	CITY OR TOWN	COUNTY STATE
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		sow the veceosed olive of above, (1) we) (did it in a	view the body ofter death.	19, and th	had in (ay) (our) opinion	death accurred an the date	and had and from the causes stated
OR AT OR AT DIRECT DORECT Dopt. o	100	22b. SIGNATURE	Mars. Who	DEG		MEDICAL STAFF	The DATE SIGNED
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1/1/20 2433	230. 8	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEME	ETERY OR CREMATORY	23d LOCATION	COUNTY
/h// BP		BURIAL	12-30-82	ARBUTUS	MEM PARK	HRBUTUS !	SALTO, CO MO
DHMH-16 50M 7/77	24 FI	JNERAL DIRECTOR	ADDRES	s	25c. DAT	E REC'D. BY REGISTRAR 25	L. REGISTRAR'S SIGNATURE
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ī		DECEASED NAME FIRST			MIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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L		Male		Whit	te	Aug		EAR	68	YRS.	MONTHS DAYS	HOURS MIN.
F	BII	RTHPLACE STATE OR F	OREIGN 7		WHAT COUNTRY?	B. MARRIE	NEVER MARR	IED 🗆 9	BALTIMORE CITY	OR COUNT	TY OF DEATH	
1		Maryland			5.A.	WIDOWE	DIVORC	ED .	Baltimore	City		MD
1	0 CI	TY OR TOWN OF DEA		(IF NOT IN 5UC	CH FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTI	ION 1	120. USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
1	Ва	ltimore		Maryla:	nd General	l Hos	pital		Electrici			ractor
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}	4 FA	THER'S NAME Ernest	м	HDDLE	Clark	W.	15. MOTHER'S MAI	DEN NAME	Grace		Bowe	er
		VAS DECEASED EVER		NED FORCES? WAR OR DATES)	216-07-		17. INFORMANT	Clark	2707 Wild Finksburg			
F		18 CAUSE OF DEATH	I Enter only	y one cause per	r line for (a), (b), and	d (ct.)					BETWEEN	ONSET AND DEATH
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		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT		M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18	B PART 1 OR PART ?)	
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		220.1 certify that X saw the decease above, X (we) (d	(this haspited of the last of	ol) offended the occumber of the occumber of the occumber of the occupant of t	ne deceased from $\frac{0}{12}$ of ter death.	ctobe	er 30 , 19 and that in (m) (our)	82 opinion de	to December to the coordinate of the coordinate	_	, 19 <u>82</u> , our and from the	that (fi (we) las
		276. SIGNATURE	w	m		P	1. 1	IDING ICIAN	MEDICAL STA	CIAN C	22c. DATE	SIGNED 17/82
		220 PHYSICIAN'S NA	TIN TIN	PRINT)	May		c/o Marv	land	General H	ospit	a1	
		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION		COUNTY	STATE
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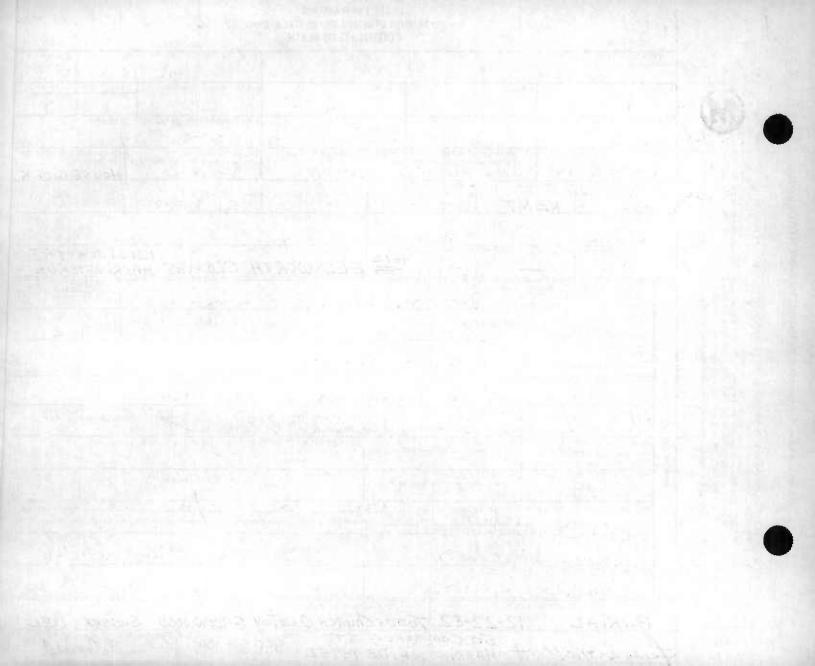
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MICOLE 20 DATE OF DEATH MONTH YEAR 26. HOUR TYPE OR PRINT) 3. SEX 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 97 70 BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY timore 13g. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 600 E. Biddle St YES T NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE -letchen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF herosclerotic landervare desear Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an_ 19 52 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 222 2.1210 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE COUNTY 24 FUNERAL DIRECTOR



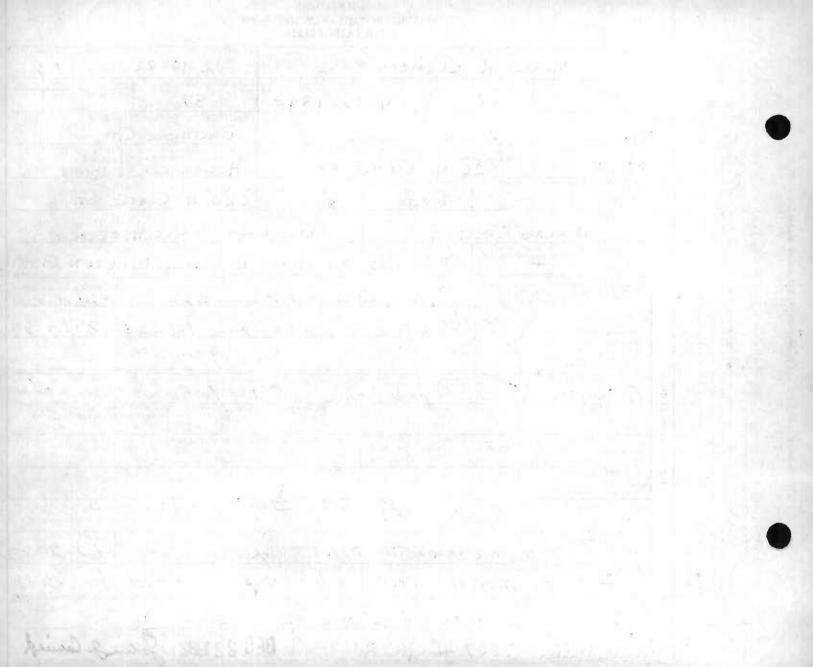
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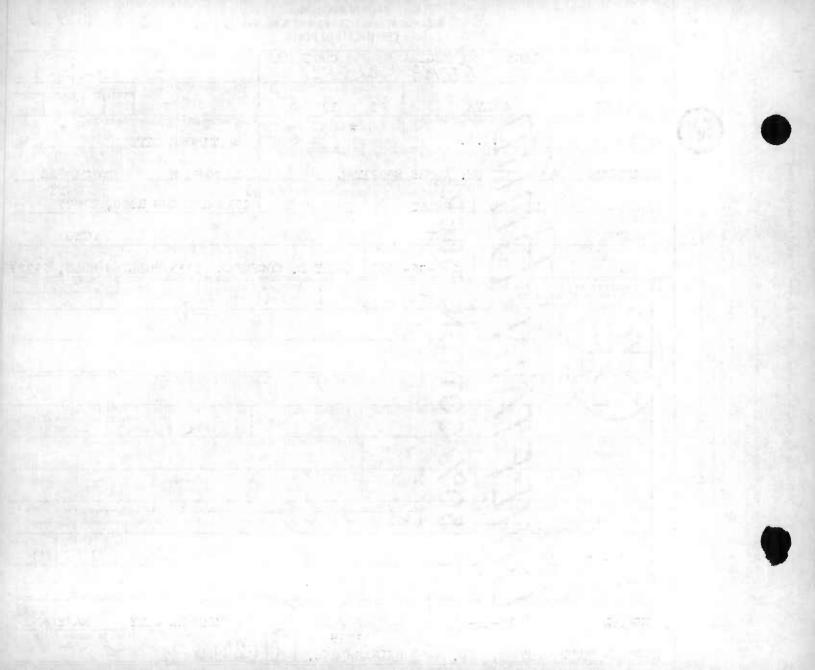


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5	1-	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYO TIFICATE OF DEATH	REG. NO.	1 1 9 2
oy be noge 3 deoth	I. DE(CEASED NAME FIRST MAR	IE H.	CLEMSON	LAST	12 - 19 - 82	DAY YEAR 2b. HOUR
ge 4 mo)	3. SE	F	4 RACE		E OF BIRTH DAY YEAR 16-1895	6. AGE (IN YEARS LAST BIRTHDAY) 877 YRS	
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AND 212 AND 212 in 24 hou	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN		RESIDENCE BEFORE ADMISSING CITY OR TOWN	13d INSIDE CITY LIMITS?		TLE ST.
, MARYL ompletel		THER'S NAME FIRST BERNA VAS DECEASED EVER IN U.S. AR			15. MOTHER'S MAIDEN NA FIRST ARG P	MIDDLE	NSFELDER
the exection ond of the medice		ES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	17-22-278		e B. Greensfelde	24 - 620 N. Catley
101 W. PRESTON ST., BA		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	D BY: DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE O	(ouge	eleiler Jailie	mddeu 18.17.79
y, y	RTIFICATION	ORGALINE.	19h CONDITIO	Pynd N FOR WHICH OPERA	TION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requi- cottending physicion. Iter this certificate has been sig- sis the buriol-transit permit. There th and Mental Hygiene prior tak hand Mental Hygiene prior tak riked or them 18 shows any injur	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. P.M. 21e. PLACE OF I	MONTH DAY YE	9 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2) COUNTY STATE
ATTENDII tospitol or eff for use a of or use of en or sem 21 is most		220.1 certify that (I) (this hospi sew the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	9-2	8 -19 852	ond that in (my) (our) opinion	death occurred on the date and h	19 that (I) (we) lost nour and from the couses stated
O HOSPITAL OR reformed by the h TO FUNERAL DIR should be detech with the Store Del		22d PHYSICIAN'S NAME (TYPE OF	RECE MAIAI	t, mo	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN Kenwood	12.2082
<u>0,8</u> 2 € 3 ≦ € —	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 12 - 22 - 2			(2) . 10,	COUNTY STATE
DPMH - 16 60M 7/73 (VR A 15 (4))	24.5	NERAL DIRECTOR NAME OTTOUR	. 7527	ADDRESS Harford	RJ. 250. DA	EC 22 1982	STRAR'S SIGNATURE

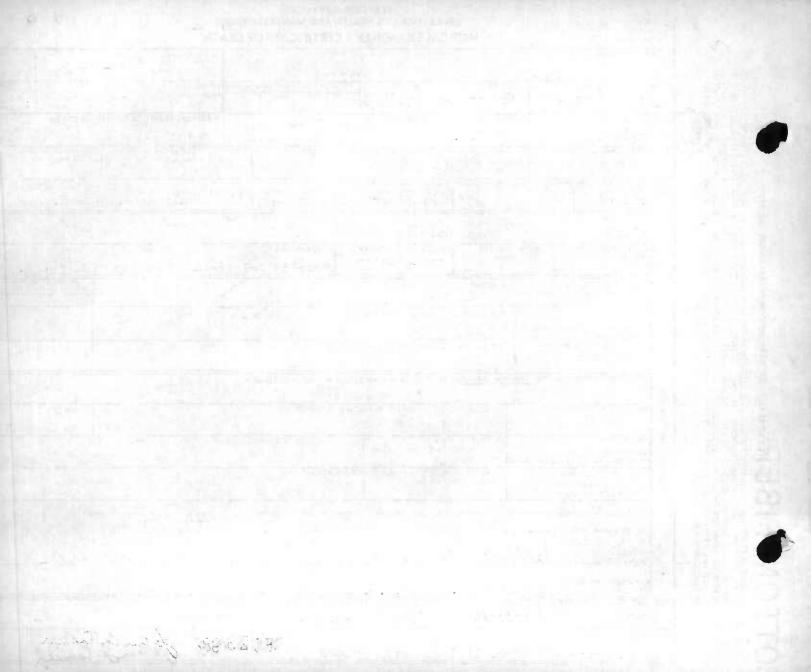


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Page dire	297 B	BAHPLACE (STATE OR FOR	EIGN 7b.		WHAT COUNTE	RY? 8			9. BALTIMORE CIT		Y OF DEATH		_
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AND 2 filled hould b	13a.	ARYLAND	COUNTY BALTI	1	13c. CITY OR TO RELA	OWN		40 X	13e STREET ADDRES 1713 ROL			UNTY 227	
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ORE,		WAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAN	T	ADI	DRESS			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician. We have certificate has been signed by the ottending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygtene prior to burial, cremation, or removal. Outlied or them 18 show ony injury, or other traumatic event, the medical examiner managed.		Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	diate the last.	(b)	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	ouence of	NOT RELATED TO		leding		VEN IN PART 1	(a)	
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IVSICIAN: The I ding physicion. S certificate hos ouriol-tronsit per Mentol Hygiene re them 18 show		710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU	SE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	71c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF			NO LI	
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ATTENDII spitol or CTOR: A d for use of Heoli		22a. I certify that (1) (the saw the deceased above, (1) (we) (did	alive on	12-2	4 19		ad that in (my) (o	19 S our) apinion o	to 12.—	24 dote and ho		, that (I) (we) la e causes stoted	st
Y the ho XAL DIRE detoched ote Dept	1	226. SIGNATURE					PH	TENDING TYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN (X	22c. DAT	LZ4/2	
O HOSPITA TO FUNERA Should be da with the Sto		77d PHYSICIAN'S NAM A Mathew	E (TYPE OR PI	RINT}			900	calou	n Aue.	St.	Afhol	to (D) tel	1.
2000 BP		BURIAL, CREMATION, REA (SPECIFY) BURIAL	MOVAL	23b. DATE 12-28			EMETERY OR CR		23d. LOCATION CITY OR TOWN BALT IMO	RE CIT	******	ARYLÂND	
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR NAME UBBARD FUNE	RAL H	HOME, I	NC. 410	15	21229 ENS AVE.	250 DATI	C271982	AR 25 DEGIS	TRAR'S SIGN	Shull shull	



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7	REGISTRAR DECEASED NA	ME FIRST	102125-112	MIDDLE	LAMIN		LAST	ATE OF	20. DATE KN	STI- XXX 1	2-26-82	26. HOUR
PY PLEAS DIRECTOR DIRECTOR 2008 FILE 272 HOUR 273 HOUR	male	JAM Black	5. DATE OF BIRTH	04	6. AGE (IN YE LAST BIRTHD. 78	ARS THUN		HOURS MI	HRS. 2c. DATE	MO	2-26-82	24 HOUR 6:25a
MASSIM	Marylar	THE .	76. CITIZEN OF W			1	-	ER MARRIED DIVORCED		more C	UNTY OF DEATH	MD
PACHET POTONETS	Baltin		11. NAME OF HO	in and	Road Road		ER INSTITUT	10N 12	S USUAL OCCUPATED FOR MOST OF WORKIN	ION (TYPE OF W	ORK 126 KIND OF B OR INDUS	TRY
MD. 21201 H. IF ANY D I. 2. AND 3 A 3. RETAIN 2.2. SHOULD (AURECORD	Marylar Marylar	CE (IF IN NURSING HOME 13b. COUI	OR OTHER INSTITUTION, G	13c. CITY Ba	BEFORE ADMISSI OR TOWN Itimor	e	13d. INSIDE CIT YES 🍱	NO []	street address 4400 Dunl	and Rd.	2122 . Apt. E.	.9
THE RESERVE OF THE PERSON NAMED IN	Robert		MIDDLE	Cole			Ma	R'S MAIDEN N	MIDD		Ebb	
RS AFTER DEA S. GIVE PAGES WITH FORM P. PAGES I AN DIVISION P.	160. WAS DECEA (YES, NO, OR UNK NO	SED EVER IN U.S. AF	RMED FORCES? (E WAR OR DATES)		-09-58		IT. INFORM Estel			ADDRESS Dunla	nd Rd. Apt	E.
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUJ RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RRDE TO THE CHEFF MEDICAL EXAMINER ALONG W SE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. REPEARINGENT OF HEALTH AND MENTAL HYGIENE. REPEARINGENT OF HEALTH AND MENTAL HYGIENE. REPEARINGENT OF HEALTH AND MENTAL HYGIENE. REPEARINGENT OF REMAINS OR REMOVAL.	couse lying c	rise to immediate (a) stating the under cause last.			TEO TO THE TERM		OR CONDITION	GIVEN IN PART 1	(a),			
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DIVISION WRITING CERT WRITING WARDED PAGE 3 SP TATE DEP	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY		21f. LOC	CATION		CITY OR TOWN		COUNTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3		ulted from: Not	rge of the remains de ural causes XXI,	Accident		Autops icide .	Homici	PECIFY)	, Inquiry) Undetermined monn MEDICAL EXAMIN	er .	my apinion DATE IGNED <u>12⊶26</u> ,	- 82
TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR	EXAMINER (TYPE OR P	R'S NAME M	argarita /		ell, M. [ADDRESS	A 4	111 Per	n Stre	et	
BP	BURIAL 24. FUNERAL DIR		12/30/82		Arbutus		. Pk.		Arbutus	15h DECICTOR		d.
DHMH - 17 (VR A15 ME (5)) 20M 4/82	NAME		Inc. 11		North	Aven	ue	DEC	D. BY REGISTRAR 9 1982	Joan	2- Course	a



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Wm. C. March F/H Inc. 1101 E. North Avenue

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

L DECEASED NAME

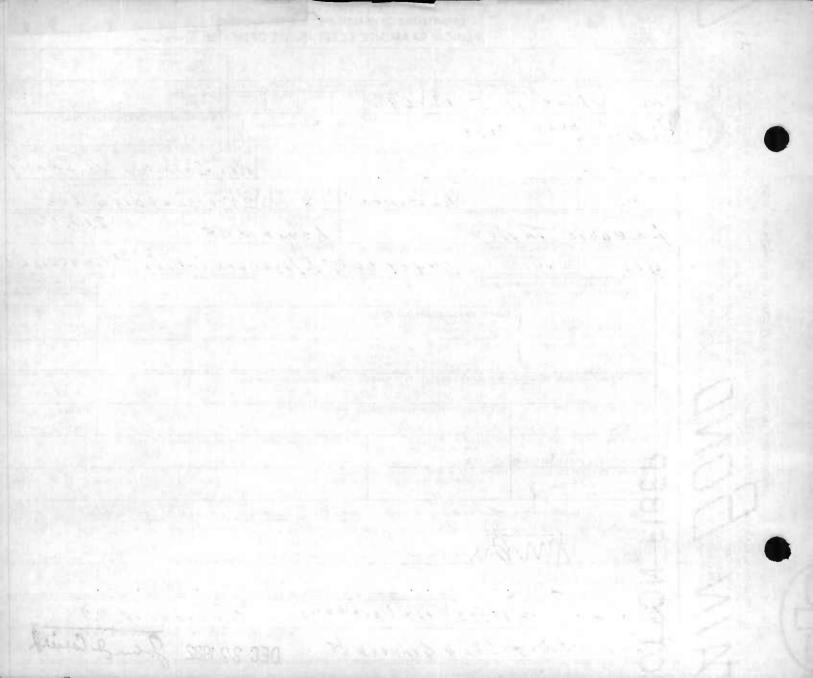
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 20. DATE OF DEATH MIDDLE 26 HOUR IF UNDER LYFAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** IMORE 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) 2941 Erdman Avenue 21213 Coles Rosa A. Coles 2941 Erdman Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNG CARCINOMA 5 MONTHS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c. HOW JNJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated 22c. DATE SIGNED

STATE

Md

DE 188188 1 Can D. Calo.

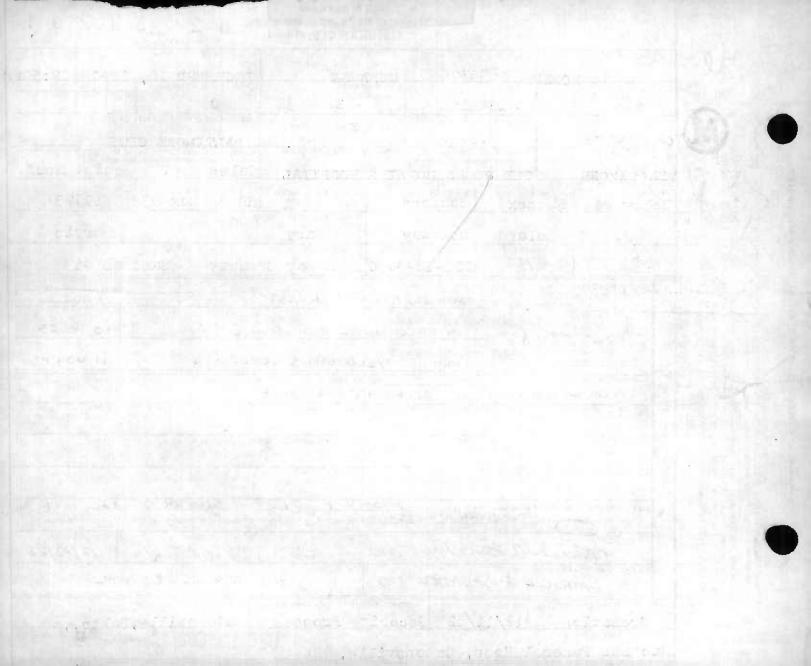
	STATE REGISTRAR	MEDICAL E	ENT OF HEALTH AND	EICATE OF DEATH	4 0	1 1 7 7
	ECEASED NAME FIRST	WIDDLE	LAST	2a. D	REG. NO.	HEH DAY YEAR 26 HOL
(1)	YPE OR PRINT) FREDD	IE	COLLI		OF ESTI-	2 1819 82
3 SE	M Black	S. DATE OF BIRTH	AGE (IN YEARS IF UNDER 1 Y LAST BIRTHDAY) MONTHS DAY	R. IF UNDER 24 HRS. 2c.	DATE MONT NOUNCED DEAD 1	TH DAY YEAR 24 HOU 1:30
1 E	BIRTHPLACE (STATE OF COREIGN COUNTRY) / 6245	Th CITIZEN OF WHAT COUNT	2/2	NEVER MARRIED	ALTIMORE CITY OR COL	UNTY OF DEATH
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME, OR OTHER INST	ITUTION 12a USUAL C	Ltimore Cit CCUPATION (TYPE OF WO OF WORKING LIFE)	OR INDUSTRY
USU La.	Baltimore JAL RESIDENCE (IF IN NURSING HOME C STATE 136 COUN	TY 134 CITY O	FORE ADMISSION) IR TOWN 13d INSI	DE CITY LIMITS? 13e STREET A	DDRESS	
14. F	FATHER'S NAME	AMODIE LA	PIMON YES	THER'S MAIDEN NAME	BUNDO!	21216
16a.		WAR OR DATES)	AL SECURITY NO. 17. INFO	GVI 6 KES	ADDRESS 35	1 Ba40 DISW
-	18. CAUSE OF DEATH (Enter DR PART I DEATH WAS CAUSED	ly ane couse per line for (a), (b), a	ond (c).)	4/1900EFH	20//108	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse last	(b) DUE TO, OR AS A CONSI				
NO		CONTRIBUTING TO OEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR COND	NTION GIVEN IN PART 1 Ia		
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERF	FORMED?		20 AUTOPSY? YES NO X
SAL GERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	216 TIME OF INJURY HOUR A.M. MONTH DEATH P.M.	PAY YEAR	URY OCCURRED LENTER NATURE	OF INJURY IN ITEM 18 PART 1 O	
MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.	(AT HOME. 21f LOCATION STREET		OR TOWN	COUNTY STATE
Ĭ	22a I certify that I took charg	e of the remoins described above ral causes XX Accident	, Suicide , Ho	, Inspection In Incomicide Undetermin		у Брілібя
230.1	EXAMINER'S NAME AN	in M. Dixon, M.E	M.D. As	sistant MEDICAL	examiner DA SK	Md 21201



(VRA 15, 4) 1/79

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	_ FOR		DEPARTA		F MARYLAND LTH AND MENTAL HY	GIENE () 13	-7	1 9	0.1
	- STATE REGISTRAR				ATE OF DEATH	REG.	NO.	1 60	,
10	I. DECEASED NAME FR	RST M	IDDLE	ŁAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
oy be		BERT Hus	ston	CONAL	JAV	DECEMBE	R 10	1982	09:50P
c , o	3 SEX	4. RACE		5. DATE OF B		6. AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS
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2 1	TO BIRTHPLACE (STATE OR FOREK	3N 7b. CITIZEN OF V	VHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
to the state of th	Delaware		S.A.	WIDOWED	DIVORCED [BALTIM	ORE C	TTY	MD.
1 梅丁 300	18. CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OTHER INSTITUTION	12a. USUAL OCCUPA	ATION	12b. KIND C	OF BUSINESS OR
0 1 25	BALTIMORE	THE JO	HNS_HOP		HOSPITAL	Sales Re	∍p	Equip	.Manuf.
hon the thirt	USUAL RESIDENCE (IF NURSING H	OME OR CHARLESTITUTION,	THE RESIDENCE BEFORE	ADMISSION)	I. INSIDE CITY LIMITS?	13e STREET ADDRES	S		
the solution of the		ussex	Seafor	d Y	ES NO K	RD 3 Bo	ox 93	199	973
15 miles	14. FATHER'S NAME FIRST	WIDOLE	1241	15.	MOTHER'S MAIDEN N	AME		145	e T
p 11 9	J.	Roland	Conaway	У	Mary	MIDDLE		Mori	ris
d co	160. WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO. 17.	. INFORMANT	ADI	ORESS		
Pog P	No	N/A	222-18-	3650 A	nna May C	onaway	Same	as #1	13
ole b	18 CAUSE OF DEATH (E		ne far (a), (b), and	d (c).)				BETWEEN	IMATE INTERVAL ONSET AND DEATH
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by the by	underlying cause lo		CHRONIC	MYEL	ogenous L	EUKEMIA		11 1	HONTHS
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equire n sign Then j r to bu injury,	THROMBOO	YTOPENIA,	GI BU	PEDING	- , APLASIA	4			
bee rmit.	THROM BOO	196 CONDI	TION FOR WHICH	OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED
The lost incion.	FILE					YES NO	YE		NO X
nysica ronsi Hyg 18 sh			INJURY A. MONTH DA		I. HOW INJURY OCCU	RRED (ENTER NATURE OF IT	HURY IN ITEM IB	PART 1 OR PART 21	
ICIA intol-triol-t	OR CONTRIBUTING CAUSE	OF OFAIR		19					
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ADIA or use a se ano	220.1 certify that (1) (this	hospital) attended the	deceased from_	OCTOBE	1982	, 10			that (I) (we) last
TTEN Pitfol For u	sow the deceased	live on DECEMB	tter death	, ond t	hat in (my (aur) opiniar	deoth occurred an the	date and hou	er and from the	couses stoted
OR A e hos bired ched Dept.	22b. SIGNATURE		0		GREE			22c. DATE	1
	tatrie	in a Sa	vadel,	TINO	ATTENDING PHYSICIAN	MEDICAL S	SICIAN	12	10/82
HOSPITAL ined by the FUNERAL wild be detrophed by the Store OORTANT:	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		27	ADDRESS				
TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:	PATR	ICIA A SA	VADEL	MO	JOHN	s HOPKINS	HOSF	ITAL	
5 g 5 g g g	230. BURIAL, CREMATION, REM				ETERY OR CREMATORY	23d. LOCATION			
BP	Cremation	12/11	182 50	curity	Process	Catons	villa	MAT +	STATE
	24. FUNERAL DIRECTOR				250. PY	TE REC'D. BY REGIGE		AR'S SIC MAT	which
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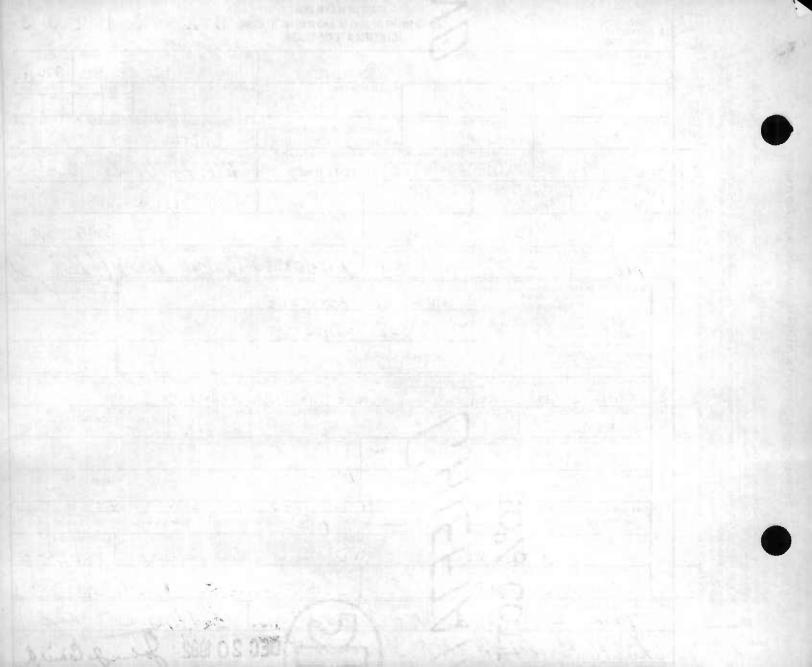


John C. Miller Inc. 6415 Belair Rd

(VRA 15, 4)

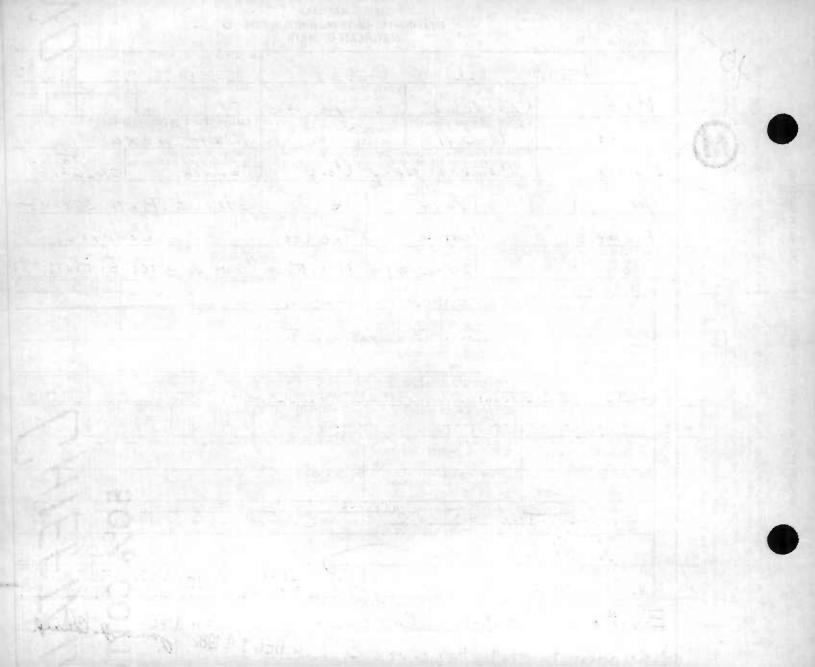
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	7>	FOR	DCD A D3	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	. (g) 7	1003
M	11.	STATE REGISTRAR	DIPAK	CERTIFICATE OF DEATH	REG. NO.	1 % 0 0
	1. DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
nay be poge 3	(TYP	JAMES	F	CONNOR	12 1	18 82 716 Am
You go	3 SE	Х .	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNGER TYEAR IF UNGER 24 HRS
4 02 =	1	Male	Black	2 17 03	79 YRS.	MONTHS DAYS HOURS MIN.
Pool dir		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
rer death. Page to funeral direct within 72 pours)	MD	USA	WIDOWED DIVORCED	BALTA CI	MO.
rs ofter of filed with	6 B	ALTO. CITY	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION TAGGRESS) OF MARY LAND	12a. USUAL OCCUPATION (TYPE OF ORKEOR WORT OF WORKING U	12b. KIND OF BUSINESS OR FE) INDUSTRY// VANGLEY
LAND 212 Tin 24 hour by filled in lashould be featurest be		STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY LTO CITY		130 STREET ADDRESS HOLLIN	SST
5 5 E	[14. E	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
3 - 5 - 60		JAMES	E. CONA	OR SOPHIE	MIDDLE	JOHNSON
MOR nond Poges		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 219-01-	101	a CONNOR 103	19 Hollis ST.
ificate b physicial papers. navol.		18. CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), a	nd (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		PART I. DEATH WAS CAUSE	TE CAUSE (a) CAR	DIAC ASYSTOLE		
on the corbine corbine corbine matic		4860	DUE TO, OR AS A CONSEO	JENCE OF		
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W the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	JENCE OF		
DS, 201 quires the signed be hen pleas a burial, jury, or a	1	PART 2. OTHER SIGNIFICANT	(6)	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
RDS, 20	NO.	Chronic Obs	structive Pulmona	die lucation	vdiacdiseuse	
ony original	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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Z 2/ 02 0 1 8 1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ION OF VI	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED		19 211, LOCATION		
DIVISION OF TTENDING PHYSICIA pitol or attending pl TOR, After this certif for use as the burial-t	MEC	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC] STREET	CITY OR TOWN	COUNTY STATE
3 0 0 0 0		228 1 cartifu that (1) (this hash	nital) attended the deceased fram	12/13 1962	10 12/18	19 8 2 , that (I) ((we))lost
ATTENDI ospital or ECTOR: A d for use rt. of Heal m 21 is m			12/18 19 at) view the bady after death.	(1-)	death occurred an the date and has	,
		22b. SIGNATURE	at) view the bady after death.	DEGREE		224. DATE SIGNED
rai OR a y the hos Rai Direct detoched detoched vote Dept.	1	1/otre	tall	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/18/82
HOSPITAL ned by the FUNERAL sid be det the Store		22d. PHYSICIAN'S NAME (TYPE	OR PRINT]	220 ADDRESS	*	
7 2 2 4 0		ROBERT	FULD	225. GRE	ENEST. BHL	10212 CIM 01
or or show with	23a.	BURIAL, CREMATION, REMOVAL	THE DATE / THE	NAME OF CEMETERY OR CREMATORY	234 LOSATION /	COUNTY / STATE
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/ C/ PHMH - 16 50M 4/B2	24.5	HINEPAL DIRECTOR	01/2/1/201	Calendar Stra	CO 0 1000	IKAR 9 6 CONATURE
(VRA 15, 4)	1	TUS A TOW	01/11/01/11/	OCH PERCE OF OF	U 4 U 1002 /	m & Cabrell



10	FOR T = STATE REGISTRAR		DEPARTM	STATE OF MARYLA SENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYG	IENE 8 2	3 2	0 4
y be oge 3 death .	I. DECEASED NAME (TYPE OR PRINT)	JEANNETTE	MIDDLE	ONS TAM		20. DATE OF DEATH MC	24,1982	2b HOUR J P M IF UNDER 24 HRS
ge 4 mc	FEMALE	4. RACE WHITI	3	5. DATE OF BIRTH	1898	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	HOURS MIN.
Post of Table	BIRTHPLACE (STATE COUNTRY) MARYLAND	OR FOREIGN 76. CITIZEN OF USA	WHAT COUNTRY?	MARRIED NEVERA		9. BALTIMORE CITY OR C BALTIMORE		MD
rs ofter d	10. CITY OR TOWN OF BALTIMORE	7121 I	CH FACILITY, GIVE STREET A	G HOME OR OTHER INST ADDRESS! ITS AVE. APT	TITUTION	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIFE	ORKING LIFE) INDUSTRY HOME	
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours systian and completely filled in apers. Pages 1 and 2 should be in wol. it, the medical examinemust	MARY LAND	IURSING HOME OR OTHER INSTITUTION	13c. CITY OR TOWN BALTIMOR	RE YES X	NO 🗌	130. STREET ADDRESS 7121 PARK H		215) . APT. 500
MARYL ted within and 2 s	14. FATHER'S NAME PIRST NATHAN		LOWENTH	HAL H	S MAIDEN NAM ANNAH	MIDDLE	MANN LAS	Τ
be execution and co	160 WAS DECEASED EV (YES, NO OR UNKNOWN NO	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-44-0			STAM,JR. 2305	FARRINGDO	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI ING PHYSICIAN: The law requires that the death certificate r attending physician. Wher this certificate has been signed by the attending physic as the burial-transit permit. Then please remove carban pape th and Mental Hygiene prior to burial, cremation, or remaval arked at them 18 shows any injury, or other troumatic event, the	Canditions, if a gove rise to cause (a), st underlying acc	iny, which (b)_	DR AS A CONSEQUE	NCE OF		INAL DISEASE OR CONDIT	ys ys	IMATE INTERVAL ONSET AND DEATH MALE
SION OF VITAL RECOR	TO DATE OF OPE 21g. ACCIDENT WAS OR CONTRIBUTING OF CONTRIBUTING	UNDERLYING 21b. TIME (CAUSE OF DEATH NEDICAL EXAMINER)	DF INJURY S.M. MONTH DA	Y YEAR	IJURY OCCURR		20b. 1F YES, WERE FIND IN IN CERTIFY ING CAUSES YES	
OR ATTENDO e haspital o DIRECTOR: A ched for use Dept. of Heal	22a. I certify that saw the dec above, (I) (w 22b. I NATURE		- (V 19	DEGREE	(aur) opinion o	death occurred an the date	e and hour and from the	SIGNED - YS-PZ_
TO HOSPITAL To FUNERAL I should be deto with the State IMPORTANT: H	230 BURIAL, CREMATIK BURIAL	15 L. HORY DN, REMOVAL 236. DATE 12/26	23c. N	TAME OF CEMETERY OR C		23d. LOCATION	DE MOCOUNTY	D 2/201
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTO		N & BROS.			E RECT. BY REGISTRAR 25		PURE PAUL &

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G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

FOR

- STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

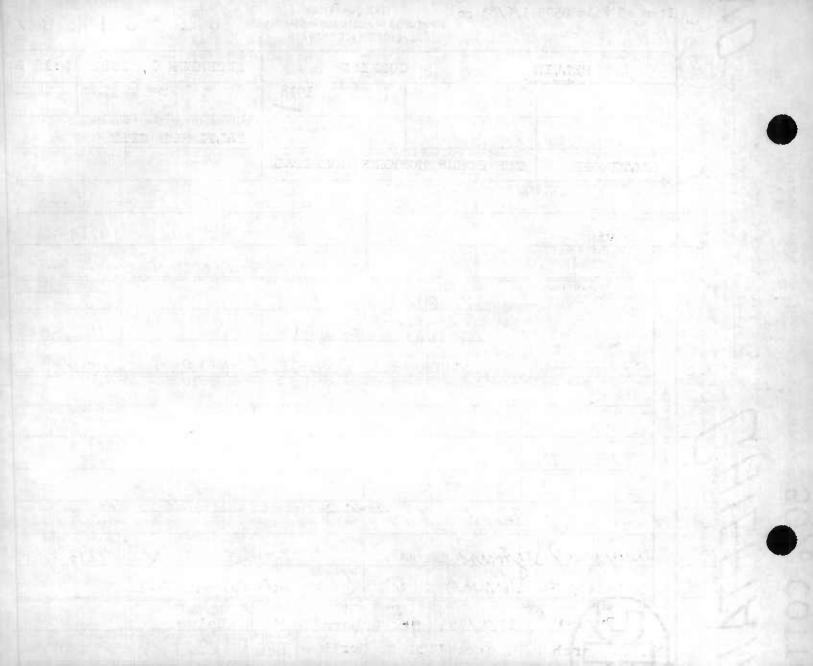
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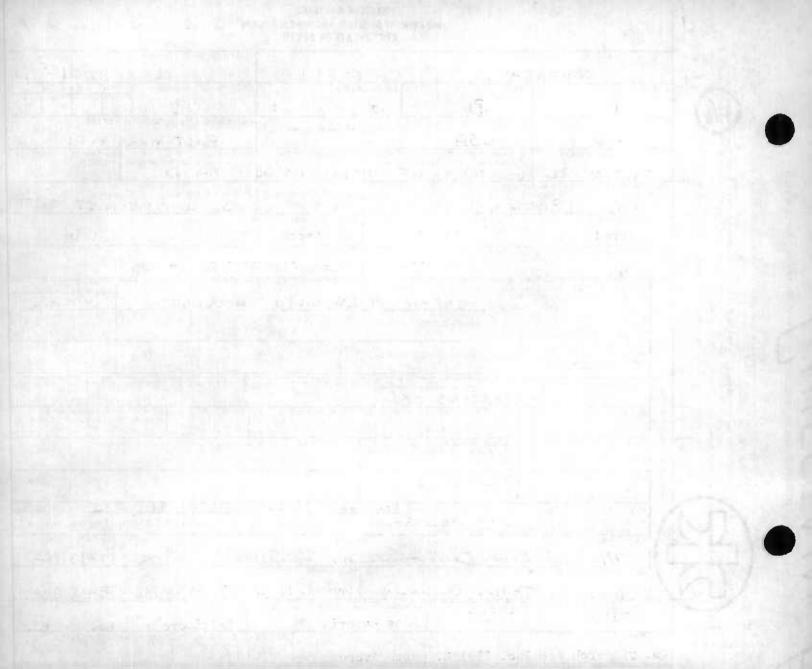
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			OR PRINT)	INST LVIN		MIDDLE	CORN		05/00	/	BER 3,	1982	5:15 A
	ge 4 mo	3. SE	Female	4.	Bla	ck	5. DATE C		1918	6. AGE (IN YEARS)	64 YRS	MONTHS DAYS	
	in 72 hou		RTHPLACE (STATE OR FORE COUNTRY) Virgin	ia	U.	S.A.	WIDOWE	D D	MARRIED	9. BALTIMORE C	MORE C	ITY	MD
5	by the further with		BALTIMORE	[11	THE "	HOSPITAL, NURSIN COHNS VE HO	PKIN	S HOS	PITAL	120 USUAL OCC		LIFE) 126. KIND INDUSTRY	OF BUSINESS OR
ND 2 IZ	24 hour	13e	AL RESIDENCE (IF NURSING STATE MD	HOME OR OTH	HER INSTITUTION	Baltimo	ore	13d. INSIDE (NO [13e. STREET ADD 1232	N. De	cker A	venue ·
MAKTIAND	mpletely and 2 s	14. FA	THER'S NAME PIRST David	MID	DIE	Jacks	son		S MAIDEN NAM	MI	DOLE	S	mith
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SAL CALL	ring physicia ring physicia ric event, the		18 CAUSE OF DEATH (PART I. DEATH WAS	Enter anly (CAUSED E MEDIATE (BY: CAUSE (a)	RESPIR	ATOK	LY A	RNEST			BETWEEN 6	XIMATE INTERVAL NONSET AND DEATH
M M	d by the offero lease remove ca fol, cremotion, cor other trouma		underlying cause	the last.	(b)	R AS A CONSEQUE R AS A CONSEQUE METAL	NCE OF	BR	EAST	CAUCE	R	10	lyso
C (C)	on, has been signe t permit. Then p ene prior to bur	CERTIFICATION	PART 2. OTHER SIGNIF		4.	ONTRIBUTING TO D				20a AUTOPSY	? 20b. IF Y	ES, WERE FIND TIFYING CAUSE YES	INGS USED
VISION OF VITAL RECO	inding physicisthis certificate e buriol-transit d Mental Hygis dor Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDER IT OR CONTRIBUTING CAU (IF EITHER, NOTHY MEDICAL 21d. INJURY OCCURRED	SE OF DEATH EXAMINER)	P. 21e. PLACE	M. MONTH DA	19	214 HOW IT	ON	RED (ENTER NATURE	OF INJURY IN ITEM 18	B PART 1 OR PART 2) COUNTY	STATE
SIMIO	intending of the control of the cont	-	WHILE NOT WHILE AT WORK 22a certify that (I) (the saw the deceosed above, (I) (we) (did	is hospital	Decem	els 3 19	Novem		19	, ta	mol/ 3	., 19 FZ our and from th	., that ((we) last te couses stated
	AOSPITAL OR A ned by the hos ned by the hos FUNERAL DIRECT AID BE detached the State Dept.	1	22b. SIGNATURE 22d. PHYSICIAN'S NAM	R.J.	mu	MIN	M	DEGREE 22e ADDRE		MEDICAL DIRECTOR F	STAFF	22c. DAT	13/82
	retained by to FUNERAL should be dewith the Start MAPORTANT:		WILLIAM	R	216M1	ルルサ	MD	1041	CREMATORY	KINS H	OSPITA		
3	BP	1	BURIAL, CREMATION, RE (SPECIFY) Burial		23b. DATE 12/8			uburn	Cem/	E RECID. BY REGI	to.	COUNTY	MD
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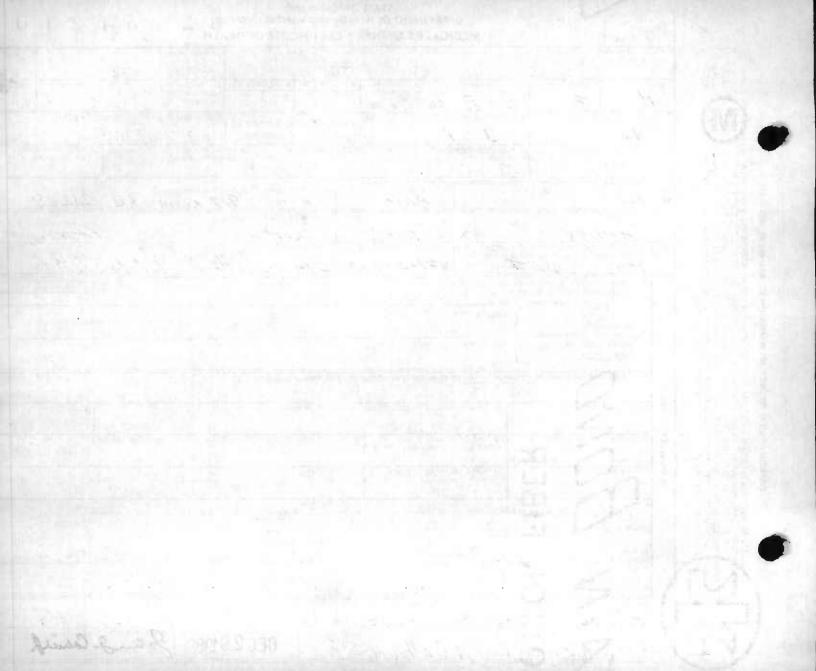


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			STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	REG. NO.			
				FIRST		WIDDIE		LAST	2a. DATE	KNOWN X	MONTH	DAY YEAR	2b. HOUR
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	ROLL	1,6E)	4 RACE	5. DA	TE OF BIRTH	6. AGE (IN)	EARS IF UN	DER 1 YR. IF UNDER			MONTH	DAY YEAR	2d HOUR
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	: 5°8≥ F.O		18. CAUSE OF DEATH (E PART I DEATH WAS	CALICED BY.							5	APPROXIMATE BETWEEN ONSE	INTERVAL
	24 HOUR TITEM 18. CONG W PERMIT. SIENE, D	-	01 - 1	MEDIATE CAU		raumatic i		es					
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		-	Canditians, if any, gave rise to imm		(b)								
3	A AMEN A	-	cause (a) stating the lying cause last.	under-	DUE TO, OR	AS A CONSEQUENCE	OF						
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MINE SCOOLS SELECTION OF VITA PECCOPIC	JID BE EXECUTE "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND MI IL, CREMATION,		PART 2 DTHER SIGNIFICANT CDI	NDITIONS CONTRIBU	ITING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E DR CONDITION GIVEN IN PAR	T 1 : 0				
5	A AS A AS A CREATTH	CERTIFICATION											
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É	MEN WEN	E E	210 EXTERNAL CAUSE V	VAS	21b. TIME OF	INJURY MONTH DAY YEA	P 21c Ho	OW INJURY OCCURRE	ENTER NATURE OF INJ	URY IN ITEM 18 PA	ART I OR PART	2)	
2	SET OF THE	N.	UNDERLYING X OR CONTRIBUTING CAU	SE OF DEATH				assender in	auto/au	to impa	act		
100	IS CERT RRITING REDED 1 SE 3 SH ZO1 PRICE	MEDICAL	214 INJURY OCCURRED		21e PLACE C	OF INJURY (AT HOME.		assenger in Cation Street	CITY OR TO		COUNT	TV	CTATE
ā	HIS CERTIFICATE SHOUL E. WRITING THE WORD "P RWARDED TO THE CHIEF PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HI 1, 21201 PRIOR TO BURRAL,	2	WHILE AT WORK AT WORK	ITE 🔀		treet		152& Carr's			ston.	Harfor	d. Md.
	RE THE STAN	,	220 1 tifu the at 1 to a	l, abassa of the	samaia: dar	rribed abave, held an	Autap				in my apin		
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	RYTH RYTH		death resulted fram	Villa Cous	es L,	Acquent C	uicke [Undetermined mo	inner .			
	WAY WAY		ACTUAL /	WIX	11 . 1	1) / 8	1	Deputy Chi	ef		DATE	12/12/	82
	ZER SER		SIGNATUR	-100	- out	1 May	11						02
	AND	100	EXAMINER'S NAME (TYPE OR PRINT)	Tho	mas D.	Smith, M.		F	Penn St.	Balto.	, MD.		
	TO MEDICAL EXAMI EXECUTE THE CERTIFIED PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH	23a BI	JRIAL, CREMATION, REM	OVAL 1235 DAS	r E	23c. NAME OF CI		ADDRESS	123d. LOCATION		-		
0 71	IV .	(5	PECIFY) Burial		/15/82				Balto.		COUNTY	MD	ATE
1-11	7 BP	24 FI	INERAL DIRECTOR HE					25a DATE R	EC'D. BY REGISTRA	R 255/REGIS	TRAR'S SIC	DIATURE	•
	DHMH - 17	1	NAME HE	in'y vv	· YEARS	VII & 201	ns Ca 2121	B. DEC	EC'D BY REGISTRA	John	2	Carrell	
	(VR A15 ME (5))	4	905 York F	koau	ballo.	, IVID	2121			Q		- 4	•

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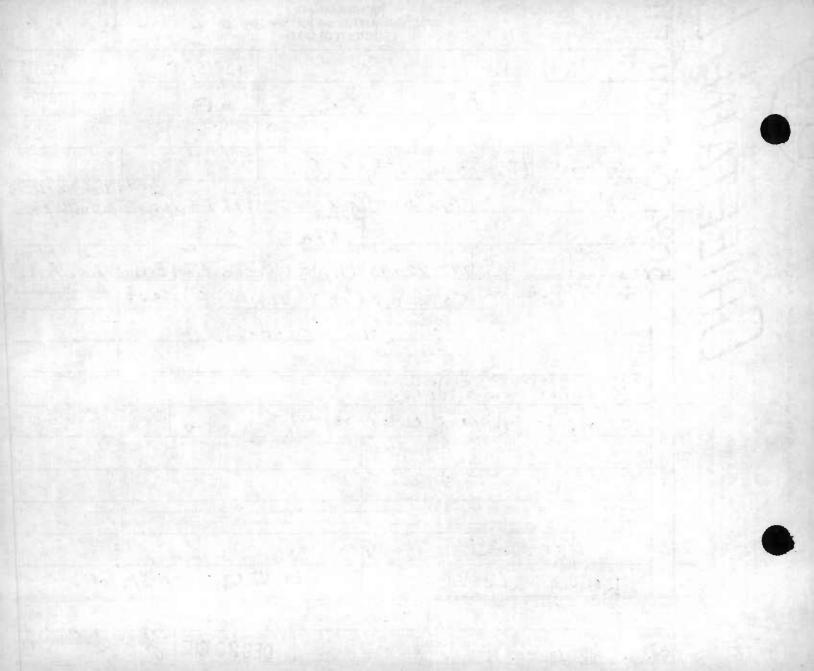


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21201	SOUTH	13a. S1	ATE HA	OUNT	OTHER INSTITUT		BALLE	SSION)	T3d. INSIDE CI	NO 🗆	13e. STREET AL	DORESS	70	212	29
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ORE, A	FER DEATH.)	HARVE	V		(Pattre	11	1	office				Kest	OM
BALTIMORE, MD.	AFTER SIVE PA NH FOR AGES VISION	I 6a. V	AS DECEASED EVER S, NO. OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	? 166.	1 -	1TY NO.	17. INFORM	dys (Cottee	11 91	17 Kei	vin &	1
	MIT.		18 CAUSE OF DEAT PART I DEATH W	H (Enter only	ane couse p BY:			a hali	C.m.					APPROXI BETWEEN O	MATE INTERVAL
O	HN 24 HO IN ITEM 1 R ALONG ISIT PERMI HYGIENE, MOVAL.		3030	IMMEDIATE	E CAUSE (o).		onic alc		SIII					-	
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REC	"PENDIN FE MEDIC SED AS A E HEALTH ALL CREM	CERTIFICATION	19a DATE OF OPERA	TION	19b. C	ONDITION F	OR WHICH OP	ERATION W	AS PERFOR	MED?				20 AUTOF	SY?
¥	SHOULD ORD "PE CHIEF A SE USED A SE USED A SED A	IFIC												YES [No [X]
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	THE THE TO BE		210. EXTERNAL CAUS	OR	HOU	ME OF INJUR	TH DAY YE	AR 21c Ho	OW INJURY	OCCURRED	LENTER NATURE	OF INJURY IN ITEA	A 18 PART I OR PA		
DIVISION		MEDICAL	21d. INJURY OCCURI WHILE NOT AT WORK AT W		STRE	LACE OF INJU EET, FACTORY, FAR	JRY (AT HOME.		CATION		CITY	OR TOWN	co	UNTY	STATE
	FO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALLH, ORE, MARYLAND, 2		22a. I certify that I		of the rema	7		Autop Suicide	sy , Homic		Undetermine	uiry ,	and in my of	oinion	ati air
	AL EXA HE CERT HOULD AL DIRE XTH, WIT E, MAR'		ACTUAL SIGNATURE	M	200	5	_	M	TITLE (SI		MEDICAL E	XAMINER	DATE	12-2	7-82
	MEDIC ECUTE 1 GE 4 SI GE 4 SI FUNER TER DEA		EXAMINER'S (TYPE OR PRIM)	Anı	n M. D	ixon,	M.D.		ADDRESS 1	11 Pen	n St.,		., Md.	21201	
1844	BP	(5	BURAL	EMOVAL 23		1-82	31. NAME OF C		s Her	m. PK	23d. LOCATIO	BAltn	more	NTY /	17
101	DHMH - 17 (VR A15 ME (5))	24 FU	NAME POLICE RICHARD	Bailer	1 134	POPRESS (A /hou	VS:	4.	DEC	29198	32 S	GISTRAR'S	Coh.	ich
	2044 4792														



	FOR - STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	
	DECEASED NAME FIRST	MIDDLE		LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	ALFR	ED L.		COTTRILL	December 11, 1982
3 5	Male	4 RACE White		of BIRTH ist 18, 1918	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS
	BIRTHPLACE (STATE OR FOREIGN West Virginia	75 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City
10	Baltimore	11. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION enue	126 USUAL OCCUPATION 126 KIND OF BUSINES Super terration Recreation
	UAL RESIDENCE (IF NURSING HOA aryland 13b. C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE THE STATE OF THE STATE O		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2200 Pinewood Avenue
14	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	AME
20	Frederick	Cottrill		Lena	Romine LAST
160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES W	S. GIVE-WAR OR DATEST		17 INFORMANT	ADDRESS
1-	Yes W	W 2 235-20-	4482	Robert Cott	rill 6190 Northwood Drive
	DADT O OTHER SHOW		DEATH BUT		
CATION	PART 2 OTHER SIGNIFICAL	196. CONDITION FOR WHIC			
RTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC		n was performed	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO
CAL CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATIO	n was performed	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
MEDICAL CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	n was performed	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO REPORT NO REPORT (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this has on the deceased office	19b. CONDITION FOR WHICH 19 LONDITION FOR WHICH 10 L	DAY YEAR 19 FARM, ETC.)	21¢ HOW INJURY OCCUR	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO STREED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY ST
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING NOT WHILE WHILE AT WORK NOT WHILE AT WORK 270. I certify that (1) (this h sow the deceased alive obove, (1) (wasted) (did 27b. SIGNATURE	19b. CONDITION FOR WHICH 19b. CONDITION FOR	DAY YEAR 19 FARM, ETC.)	21¢ HOW INJURY OCCUR	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY ST.
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MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE 27a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION O	19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 10 popitol) oftended the decessed from e on 19 d not; view the body ofter death YPE OR PRI 19 Levine, M.D.	DAY YEAR 19 FARM, ETC) 3/2	216 HOW INJURY OCCUR 211 LOCATION STREET 211 LOCATION DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO YES NO YES NO PART I OR PART I OR PART 2) RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY ST death occurred on the date and hour and from the couses sto MEDICAL STAFF DIRECTOR PHYSICIAN 7/3/8 2 RUL Place 236. LOCATION
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE 26 DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) Emma Creigler 10/82 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Female. Black 11 16 66 7a. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Sumter, S. C. U.S.A. WIDOWEDET DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

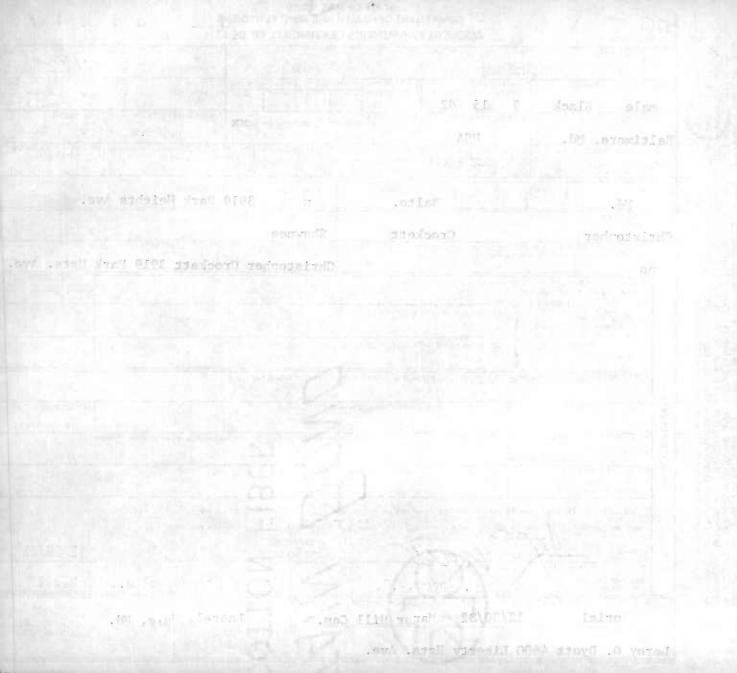
John Hopkins Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 633 N. Aisquith St. Apt. 18 D Maryland Baltimore YES TY NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Elijah Gav1e Parker Martha ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT Booker Epps 2240 Evarts St.NE Wash.DC20018 218-05-0323 No BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for jon, (b), and (c).)
PART I. DEATH WAS CAUSED BY: andiac 60 nurs MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF lutri cula Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Ruli Cula ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION Malinia. 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOTTY? 196 DATE OF OPERATION 20h, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH" NOF YES T NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 198 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE HONT 22a. | certify that (1) (this hospital) attended the deceased from Ohm 45 pm not applicable. saw the deceased alive an Not agunca abave (1) we did (did not) view the body diter death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN should be 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY BURIAL 12/14/82 Baltimore Nat. Cem. Baltimore Co BEGISTRAR 25 REGISTRAR'S GIGH 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Wm. C. March F/H Inc. 1101 E. north Avenue (VRA 15, 4)

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CAL	CONTRIBUT	ING CAUSE OF D			19							10				
MED	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE STREET, FAC	OF INJURY TORY, FARM, E		21f. LOC	REET			CITY OR TOWN		COUNTY		STATE		
-		ify that I toak charg	ge of the remains de	scribed abo	ve, held an	Autopsy	XX.	Inspectio	on .	Inquiry .	ond in my	opinion				
	death resul	ted from fatur	ral causes XX	Accident	, Sui	cide .	Hamic	ide .	Under	termined manner						
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	SIGNATURE	011	M	all	V	M.[ASS1	stant	MED.	ICAL EXAMINER	SIG	NED	2/23/	02		
2	EXAMINER'S	NAME INT)	Hormez R.	Guar	d,M.D.	A	DDRESS_	111 1	Penn	Street,	Balto.,	MD	21201			
23a.	(SPECIFY)	ATION, REMOVAL 2	3b. DATE	23c. N	NAME OF CEA			ORY	23d. LC	OCATION ORTOWN	C	YTAUC	ST	ATE		
9	Bur		12/30/82	2 Ce	dar Hi	11 Ce	em.		G	len Burn	ie_ Md.			1		
	FUNERAL DIRE		ADDRESS					250. DATE	REC'D.B	V REGISTRAR 25H	REGISTRAR	SIGNA	Wehre	4		
L	eroy 0.	Dyett 46	00 Libert	y Hgt	s. Ave			U	EU	0 1301	U					



1	FOR - STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 8	REG. NO	3	1	2.	18		
	ECEASED NAME	FIRST	· · · · · · · · · · · · · · · · · · ·	AIDDLE	L	KŠT	2a. DATE	OF DEATH	MONTH	DAY YE		b. HOUR		
0 to		FRANK	ALE	ERT	CROCK	CSON		1	12	15	82	9:15Am		
3. S	EX	4	I. RACE		5. DATE O	F BIRTH	6. AGE (1	6, AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR						
WE !	Male		Black	C	5	16 1924	58 YRS.							
200	BIRTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIM	9 BALTIMORE CITY OR COUNTY OF DEATH						
20	Maryland		USA		WIDOWE		O Cit	v.				MD		
36 - 10.0	CITY OR TOWN OF DE	ATH 1		HOSPITAL, NURS		ROTHER INSTITUTION		COCCUPATION FOR MOST OF				BUSINESS OR		
×0.	Baltimore		VAMC,	LOCH RAY		ALTO., MD		ired				ovit		
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ALL STATES	ARYLAND	Harfo		Aberde		YES NO			E.Bel	Air	Ave	21001		
14. F	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN	NAME *	WIDDIE			LAST	,,		
ZI	Frank		P.	Crockson	2	Lillie		MIDDEE		Pitt				
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E B	27b. SIGNATURE	ula i varannot	view the body	orrer death.		DEGREE				22c. D	ATE SE	GNED		
	Laure	m)	17/11	and m	0	ATTENDIN PHYSICIA		STAF		1	2/1	5/82		
7	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)	, , , , ,		22e. ADDRESS								
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DHMH - 16 50M 4/82

(VRA 15, 4)

12/19/82 Buria]

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

Gemetery Aberdeen Harford Maryland
250 DATE RECD. BY REGISTRAR 251/72 GISTRAR'S SIGNATURE
01-3399 DEC 2 1 1982 John S. Cahurf 24 FUNERAL DIRECTOR

Tarring Funeral Home, P.A., Aberdeen, Md. 21001-3399

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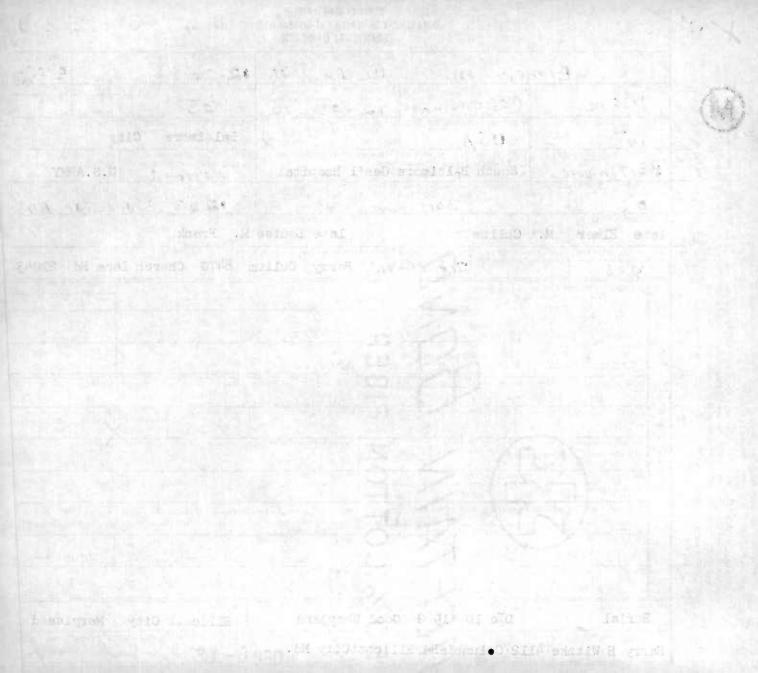
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦂 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR LIVPE OR PRINT WILLIAM B. CROSS DECEMBER 27 1982 9:12AM 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 10 ASIQNI 7a. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED BaltIMORE SCOTIAND WIDOWED DIVORCED | QUELTY OR TOWN OF DEATH NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Be+H. STEEL LASDECTOR ISUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A MISSIONI 13b COUNTY 113d. INSIDE CITY LIMITS? 3509 ESTHER PLACE Balto . 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE -1055 HNDREW NR 5 ho M50 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17. INFORMANT IYES. NO OR UNKNOWN HEYES, GIVE WAR OR DATEST 1035-3509 ESTHER Mrs. ENENORA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF ACUTE ANTEROSEPTAL MYOCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CARDIAC ARRHYTHMIAS SECONDARY TO #A PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) NOT WHILE December DECEMBER 220.1 certify that (1) this haspital attended the deceased from. December 27, 82 fur pinion death occurred on the date and hour and from the causes stated id) (did not) view the body ofter death. 22h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) CHURCH HOSPITAL CORPORATION T. KAWAJA, M.D. 100 N. BROADWAY BALTIMORE, MD. 23g. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 12-30-82 Oakhaws Jem 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LONIX LINE

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	he f	-	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INST	ITUTION	120 USUAL OCC		12b. 1	KIND OF BU	SINESS OR
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ND 21	filled in	130.	AL RESIDENCE (IF NURS)	13b COUN	TY INSTITUTION	13c. CITY OR TON	VN	13d. INSIDE CI	TY LIMITS?	13e STREET ADD	RESS	l'ver.	4 (1)	ň.,_
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AAR	d wi	la	te Elmer	M.	Cullum	LAST	_	late'	Louise	M. Fra	nk		LAST	
Ä,	5 5 5	16a \	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAT			ADDRESS			
IIMOR	be exected on ond one of the state of the one of the on		YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-09	-413/	Harry	Cullu	m 8470	Chur	ch Lane	e Rd	21043
T., BAL	rtificate g physici onpoper emavol.		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	lly one cause per D BY: TE CAUSE (a)	line far (a), (b), a Cardio		ionary	arres	1	J-W	88	APPROXIMATE I	INTERVAL AND DEATH
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DIVISION OF VITAL RECORDS, 201	squires is signed Then pli to buri	NO	PART 2. OTHER SIGN	HEICANTO	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OF	CONDITIO	N GIVEN IN P	ART Ita	
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nuh	20 ⊢ 3 ≤		BURIAL, CREMATION, I	REMOVAL				METERY OR C		23d. LOCATIO		ity count	Marvla	and de
114	DHMH - 16 50M 1/81		UNERAL DIRECTOR	-	1	, -, -		2		REC'D. BY REGIS				
	(VRA 15, 4)	На	rry H Witz	ke 41	12 Celu	mbia Rd 155 E	llicot	tCity l	Md . NF		2 /	shung	L. Cohe	



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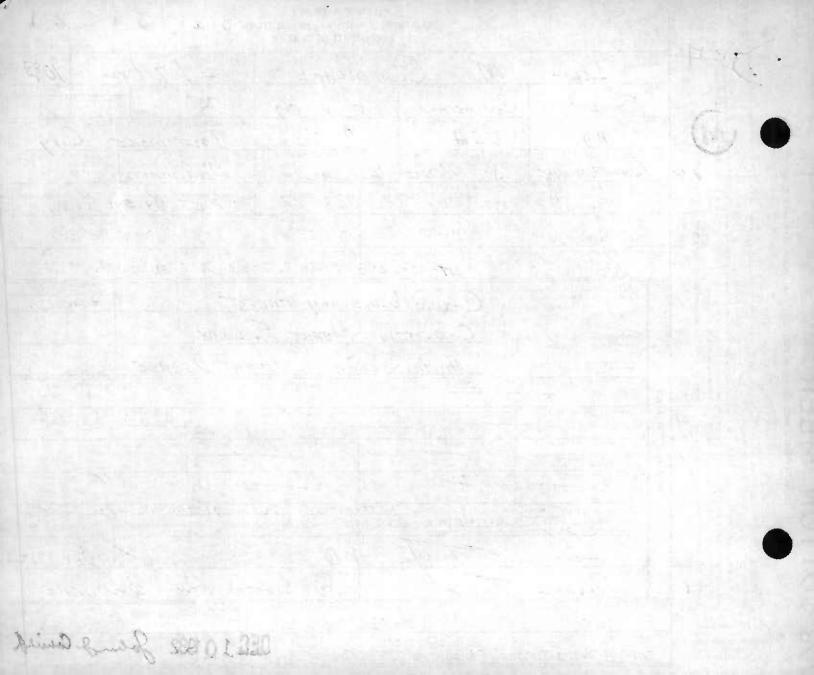
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(VRA 15, 4)

STATE OF MARYLAND

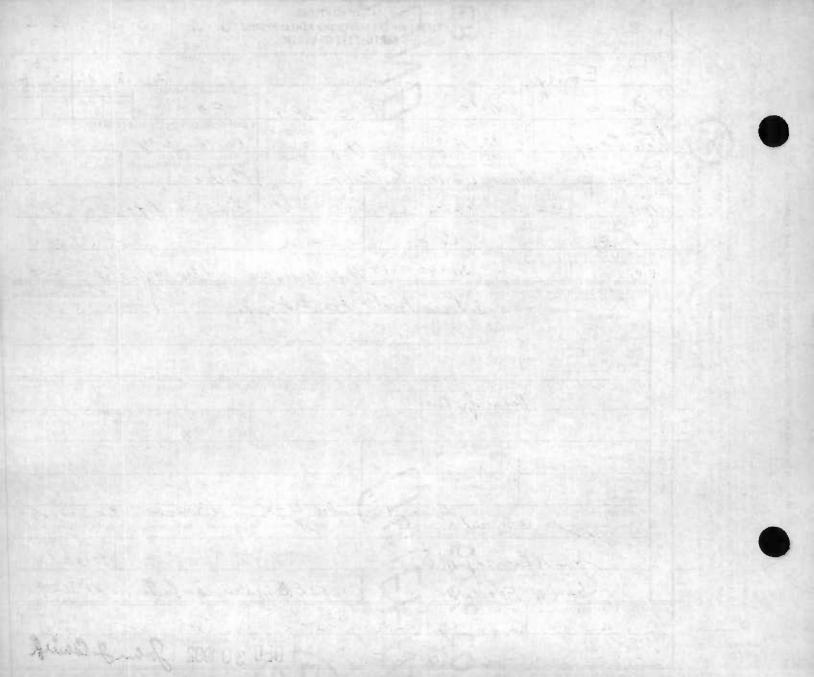
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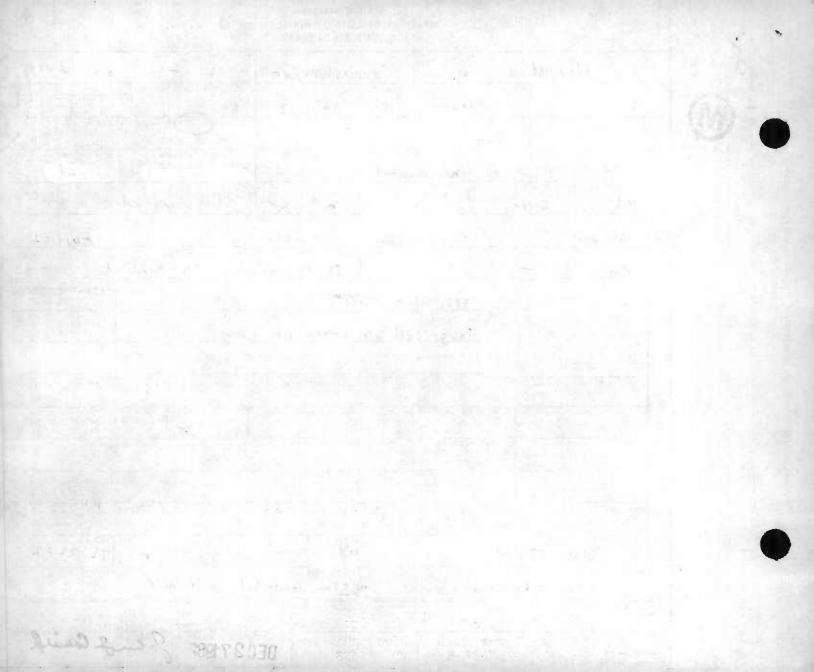
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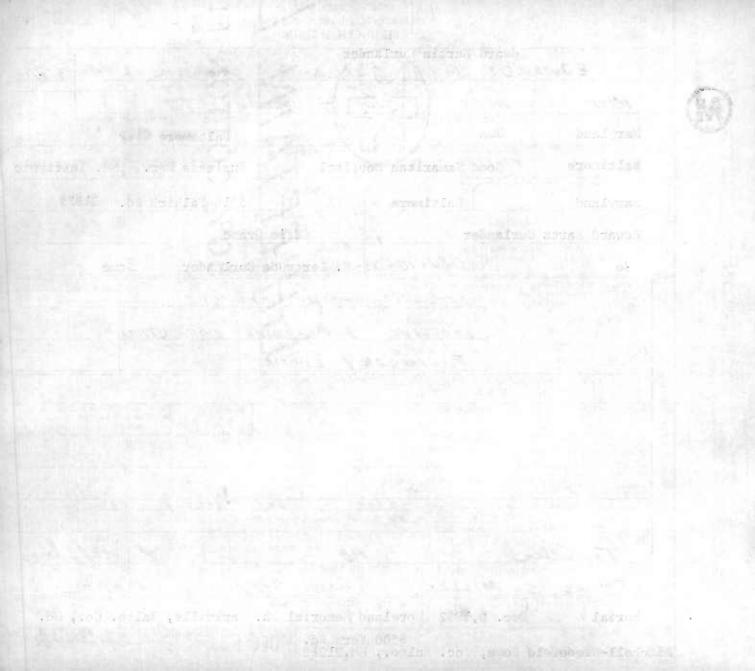
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Vh	1	FOR STATE REGISTRAR	DEPART	lin lin M		
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(1)	1. 5	M	4 RACE	5. DATE OF BIRTH		YEAR IF UNDER 24 I
	-	11	Camersian		69 YRS	
W	JO. 1	INTERPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City	H
	10 (Baltimore City	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS Bethlehem Steel	ND OF BUSINESS
T Could be	13a	STATE NILCOUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN 136 INSIDE CITY LIMITS?		1+ 2720
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omplet and 3		Audren	MIDDLE CAMMIN		WIDDLE	Augales
nd o ges		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	Baltimo
Page e		110	217-03-	3794 Selwa Cun	ninghom 3209 Ripple Pol,	MD 212
ss that the deat led by the atten please remave or vial, cremation, or ather fraum		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ell carcinoma of		
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The law ion.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FI IN CERTIFYING CAU	
SICIAN: Tog physici recrificate rial-transi ental Hyg frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	T 2)
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ATTENDIP		22a.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no	tol) ottended the deceased from. 1 L 2 L 19	\$2, and that in (my) (our) opinion	n death occurred on the date and hour and liam	that (I) (we)
AL OR A the hose AL DIREC detoched detoched one Dept. IT: If Item		226 SIGNATURE	TOWN	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF IS	PATE SIGNED
HOSPIT Birned by PUNER PORTAN		22d. PHYSICIAN'S NAME (TYPEO		22e. ADDRESS	ibil Baltimore.	
58 56184	23a.	BURIAN CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
10 A BP		Burial		ake View Memorial	CITY OF TOWN	STATE
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DHMH - 16 50M 1/81	24. F	UNERAL DIRECTOR Tomino	Buone Fringer	Directors, Inc. 250. D		OLL MD





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6010 REISTERSTOWN RD. BALTO. MD

(VRA 15, 4)

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3 S	EX Female	Mabe Mace Black	5. DATE OF BIRTH	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS FOURS THIN PRODUINCED								DAY	9 82 YEAR 82	2d HOU 8:4:
70.	BIRTHPLACE (S FOREIGN COUNTRY) N. Caro	TATE OR		76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C								COUNTY OF DEATH		
100	CITY OR TOWN Baltimor		11 NAME OF HOSPI (IF NOT IN SUCH FACE 540 N.	ITY, GIVE ST				N 12a	USUAL OCC	UPATION (T	YPE OF WORK		D OF BUS INDUSTR	
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ATION	cause (a lying cau	GNIFICANT CONDITIONS	DUE TO, OR A (c) (CONTRIBUTING TO DEATH RU	T NOT RELA		NAL DISEASE DR						20 AL	JTOPSY?	
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DHMH - 16 50M 1/81 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Charles Eugene Danavitch 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 28 YEAR DATS Male -White 54 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) U.S. Army Baltimore South Baltimore General Hosp. DSUAL RESIDENCE III DE CITI R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Maryland Lansdowne 21227 NOX YES [IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown Unknown ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 165-20-0960 Mary A. Danavitch 133 4th Ave. 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: HEDATO RENAL FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CAENECS Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CHRUNIC RLOGOLISM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to VISCUS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 1989 saw the deceased alive an and that in (my) (aur) opinian death accurred an the date and haur and fram the causes stated above (1) (Ne (did)(did nat) view the bady after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [] DIRECTOR | PHYSICIAN 22e ADDRESS 5. Hanover 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY I SPECIFY) 11/30/82 Crownsville Vet. Cem Crownsville Burial 24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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1 13	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 1 2 2 9
	1. DECEASED NAME FIR:	T MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	WI	LLIS CLARENCE	DANLEY	12 2	5 82 7:08 pm
уре 4 то	ma/e	1 RACE COX	5. DATE OF BIRTH	62 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Po	OUNTRY A STATE OF FOREIG	U.S.H.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	OFDEATH MD.
by the transfer of the transfe	BALT I MORE	IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION NODRESS! , MARYLAND 21218	The common for most or from the unit	IND OF BUSINESS OR
n 24 hau filled in model be	STATE 136	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY	YES NO [13. STREET POORES 22	Nd St.
red within	Steven	MOOT, DANK	15 MOTHER'S MAIDEN NA FIRST 4 LUA	WIDDIE	ge LAST
be execu	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	ES GIVE WAR OFTIALES)	1945 Mrs-Ether	B. DANLEY 44	1E, 23 NC St
presicie presicie movol.	PART I. DEATH WAS C	ter anly one couse per line far (a), (b), one AUSED BY: EDIATE CAUSE (a) PERSON	tens Lilen	2	BETWEEN ONSET AND DEATH
oth cert	1509	DUE TO, OR AS A SONSEQUE		10-11 44	
y the after remarker	Canditions, if ony, whi gove rise to immedio couse (a), stoting t underlying couse la	te Due TO, OR AS A CONSEQUE	NCE OF	I festula, meredake	Camela I day
vigment to vigment to view pleas betwied,	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART I/a
hos been permit. If ene prior pows only in	190 DATE OF OPERATION 12-20-8 210. ACCIDENT WAS UNDERLYIN	The CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
ICIAN: The physicic pertificate iol-transit into Hygical must be shown in the physicic pertificate iol-transit into the physicic pertificate iol-transit into the physicic pertification in the physician	OR CONTRIBUTION CAUSE	OF DEATH HOUR A.M. MONTH DA	Y YEAR	RED CENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART ?)
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TTENDING pitol or all TOR. After far use as of Health of Health	22a.1 certify that th (this sow the deceased all above. (1) (we) (ctd) (c	hospital) attended the deceosed from	BECEMBER 2 . 19 82 82 , and that in (mx) (our) opinian	, to DECEMBER 25 , deoth occurred an the date and hou	19.82, that XI) (we) lost r and from the causes stated
the hos I DIREC Toched e Dept.	17% SIGNATURE	5#	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
HOSPITA need by FUNERA Iff be de the Stor	270. PHÝSICIAN'S NAME	27	PHYSICIAN I	olmentation Hysician	t/60/R
07 D4 3 W	230 BURIAL, CREMATION, REM	OVAL 23b. DATE, 23ch	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY A A STATE
BP	trenction	12/29/82 4	SALTO NATILE	MEDALTIMORE	140
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	ADDRESS	250. DA		RAR'S SIGNATURE

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	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		1230
		CEASED NAME FIRST EORPRINT) JEANET	TTE N. I	ALIDI ATCE	2s. DATE OF DEATH MONTH	27 82 4.50
	3.55		14. RACE	DAUPLAISE 15. DATE OF BIRTH	12	PM.
(BL	T.	Female	White		/EAR 85 YRS	MONTHS DAYS HOURS MIN.
AIL	70 B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF COUNT	Y OF DEATH
:3	5	Maryland	USA	MARRIED NEVER MARR		7
7/4		ALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIAL	G HOME OR OTHER INSTITUT		12b. KIND OF BUSINESS OR
ed forms	13a .	laryland	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LI PES NO	MITS? 13e STREET ADDRESS 419 Southway	
in a	114. F/	ATHER'S NAME FIRST	MIODLE LAST	15. MOTHER'S MAI	DEN NAME	LAST
307	14- 1	William A	4. Whitworth			Ash
medical			VE WAR OR DATES)		ADDRESS	
. he	=	No	P14 16 8		l. Dauplaise, Luthe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other troumatic event		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ere Str	OKE	BEWEEN ONSE LAND DEATH
ury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIV	EN IN PART Train
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Item 18 st	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
is morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FI	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
7 7		saw the analysis live on	ital) attended the deceased from	, and that in (my) our)	apinion death occurred on the date and hai	19 C, that (1) (we) last
NT: # Item		271 PHYS IAN'S NAME ITYPE O	da. Maras	DEGREE ATTEN		- 12/27/PL
MPORTANT:		CHARD A.		UNION 1	MEMORIAL HOSPITAL	
< 1						

231. NAME OF CEMETERY OR CREMATORY

Arlington National

21212

23d LOCATION
CITY OF TOWN
Arlington,

DEC 3 0 1982

STATE

DHMH-16 50M 1/81 (VRA 15, 4)

retained by the hospital

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

should be detoched for use as the buriol-transit permit. Then please re with the State Dept. of Health and Mental Hygiene prior ta buriol, crei

23b. DATE

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

12/30/82

Balto., MD

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

4905 York Road

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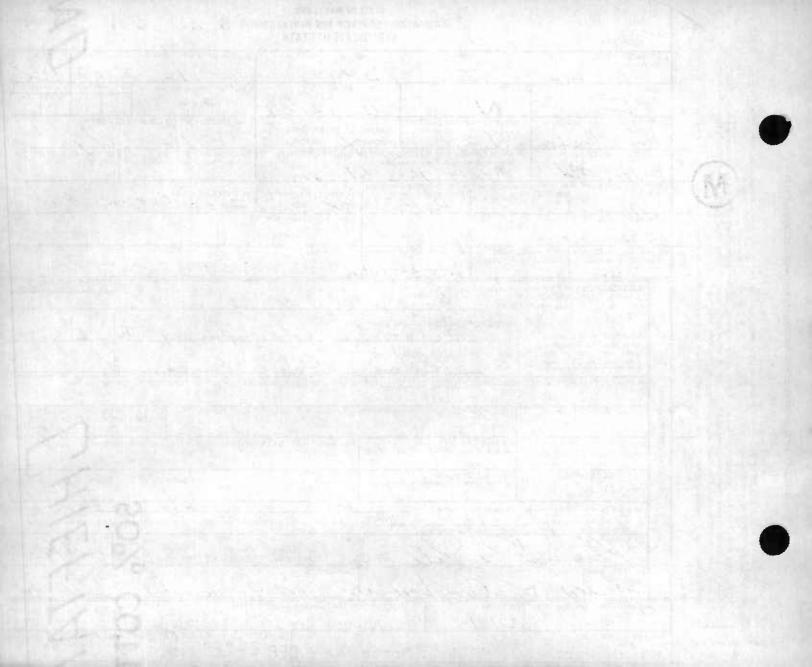
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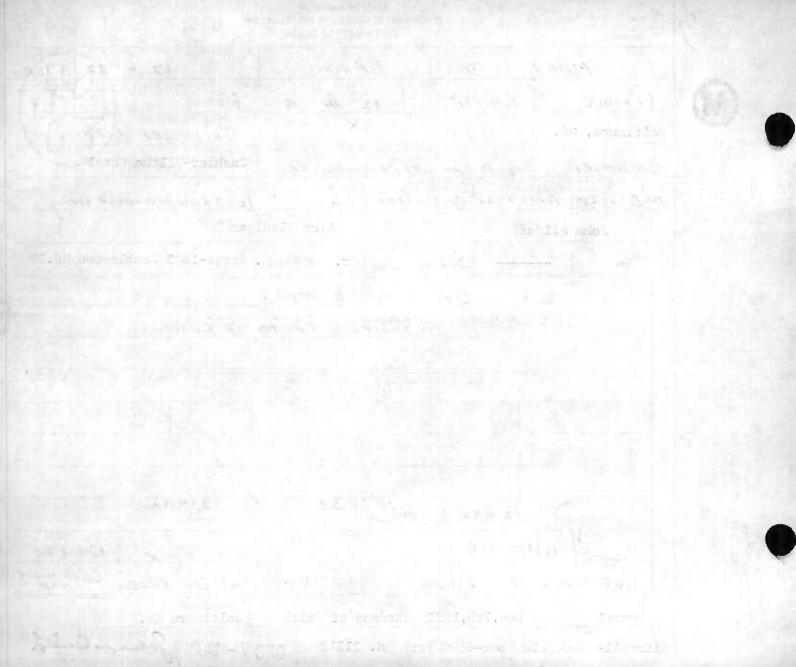
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	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STATIMORE, MARYLAND, 2		(TYPE OR PRIN	7	homas D. Sr	, , ,	M. D.		ADDRESS	111	Penn St.	Ball	to., 1	4D.			
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1000	DHMH - 17		NAME		~ ADDRESS					o. DATE RE	C'D. BY REGISTRY	REGI	STRAR'S SI	GNATURE	. 1		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN X (TYPE OR PRINT) ESTI-ERVIN DAVIS DEATH MATED 1982 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IE UNDER 24 HRS DATE LAST BIRTHDAY 3:20 PRONOUNCED male Black 10 3 11 DEAD 71 YRS 16 1982 76 CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED N. Carolina U.S.A. WIDOWED DIVORCED Baltimore City 2, AND 3 TO THE 3. RETAIN PAGE. SHOULD BE FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 4201 Bonner Rd Baltimore 13b. COUNTY 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 4201 Bonner Rd. 21216 YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIVE PAGE JITH FORM PM PAGES I AND 2 MIDDLE FIRST MIDDLE LAST Davis Willie Annie 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS DIVISION NO. 220-10-6754 Katie B. Davis 4201 Bonner Road CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY OR REMOVAL IMMEDIATE CAUSE (a) Drowning complicating hypertensive arteriosclerotic DUK XOX BUKAR X K BUXEROTRIACK BUK cardiovascular disease Canditions, if any, which gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a. DATE OF OPERATION IOR TO BURIAL, I 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 2Th TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 12-16- 1982 Subject drowned in bathtub. 2Te PLACE OF INJURY If LOCATION TO MEDICAL EXECUTE THE CERTIFICATE, VANDED PAGE 4 SHOULD BE FORWARDED PAGE 43 TO FUNERAL DIRECTOR: PAGE 35 TO FUNERAL, WITH THE STATE DEPOSITION OF THE STATE DEPOSITION OF THE STATE DEPOSITION OF THE STATE DEPOSITION OF T AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. COUNTY STATE 4201 Bonner Rd home Balto Md. 220 I certify that I took charge of the remains described above, held an Autapsy and in my opinion Accident X death resulted from Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNED 12-17-82 AFTER DEATH, BALTIMORE, N M.D. Assistant MEDICAL EXAMINER SIGNATURE EMAN'E'S THAME Dixon, M.D. 111 Penn St., Balto., Md. 21201 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL 12/21/82 King Memorial Park Baltimore Md. co. 24. FUNERAL DIRECTOR DEC 201982 John S. GISTRAR'S SIGNATURE (VR A15 ME (5)) C.March F/H Inc. 1101 E. North Avenue

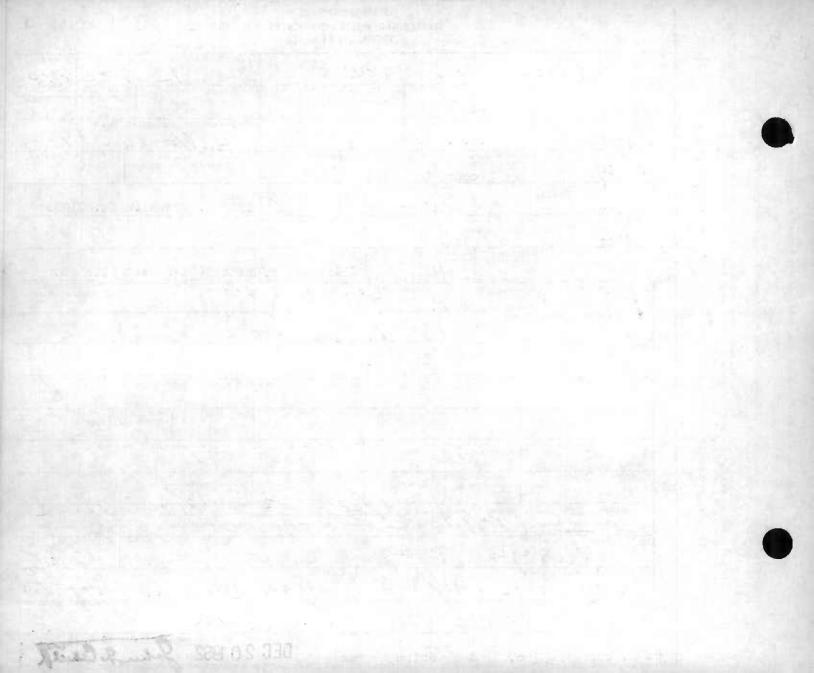
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(VRA 15, 4)





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fille outd		USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN Maryland		/N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2530 W. Frankli	n St. 21223				
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har the death certifica by the attending phys ase remove carbanpop il, cremotian, or remove other traumatic event,		Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUI	DUE TO, OR AS A CONSEQUENCE OF						
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OR ATTENI he hospitol DIRECTOR: ached for us Dept af He		saw the deceosed alive on above, (h) (wet relief) (did no 22b. SIGNATURE,	yn Aus	DEGREE ATTENDING PHYSICIAN L	death occurred on the date and hou	19; that (I) (we) lost or and from the causes stated				
TO HOSPITAL To FUNERAL Should be dett with the State	4	KUANG	-YEN HUA	NG BON	Sleown	Hospital				
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John C. Miller Inc. 6415 Belair Rd

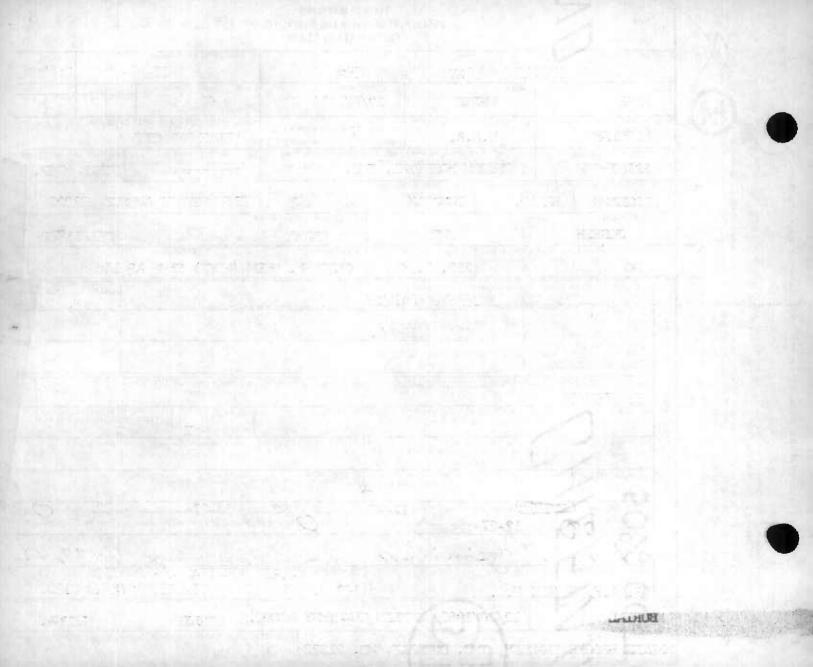
FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ne low requence on the permit. The permit is the permit of	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO
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TAL OR by the how the horder detached total Dept.		22b. SIGNATURE	Parler	ren		ATTENDING PHYSICIAN	MEDICAL ST	AFFE O	2 783
O HOSPITAL etoined by 1 TO FUNERAL should be de with the Stot		22d. PHYSICIAN'S NAME (TYP	ARK	MAN)	220. ADDRESS Joh	no Hontz	ne Host	ital
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Leroy O. Dyett 4600 Liberty Hgts. Ave

FOR

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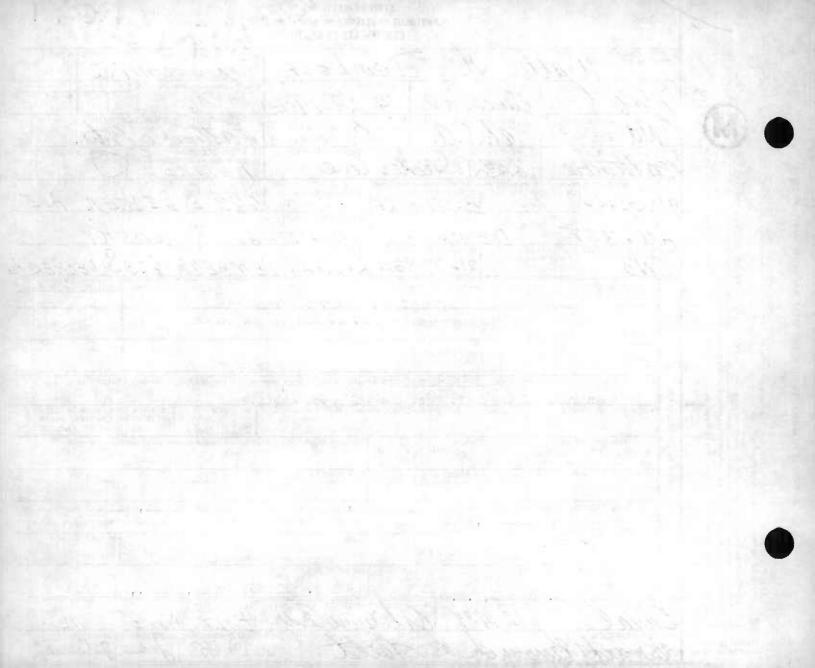
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

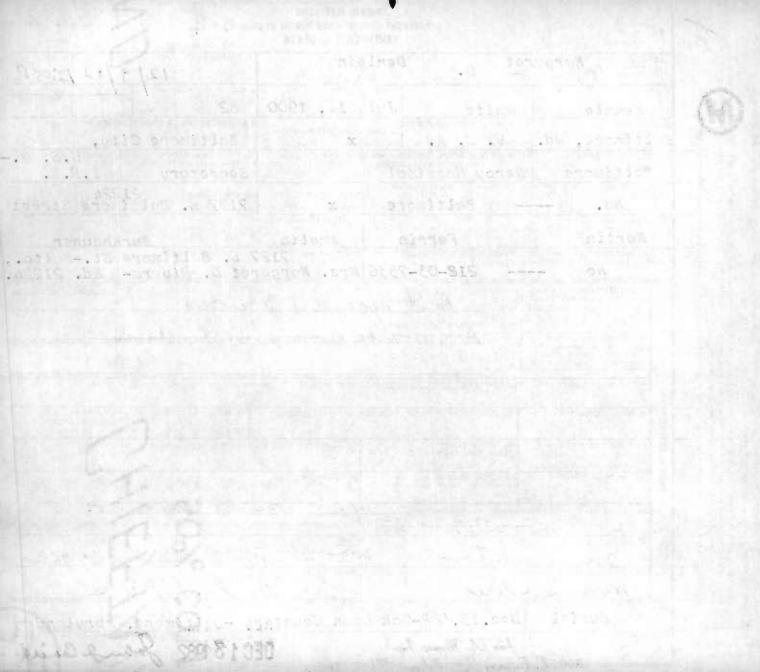
CERTIFICATE OF DEATH

.D. F. Bridge Leining Bal to. 125 Gevree 82. 01200 30 10 August 12/11/82 | Cing Memorial Fd. | Balton, Md. Lecov O. Byotz 4500 Liberty lists. Age

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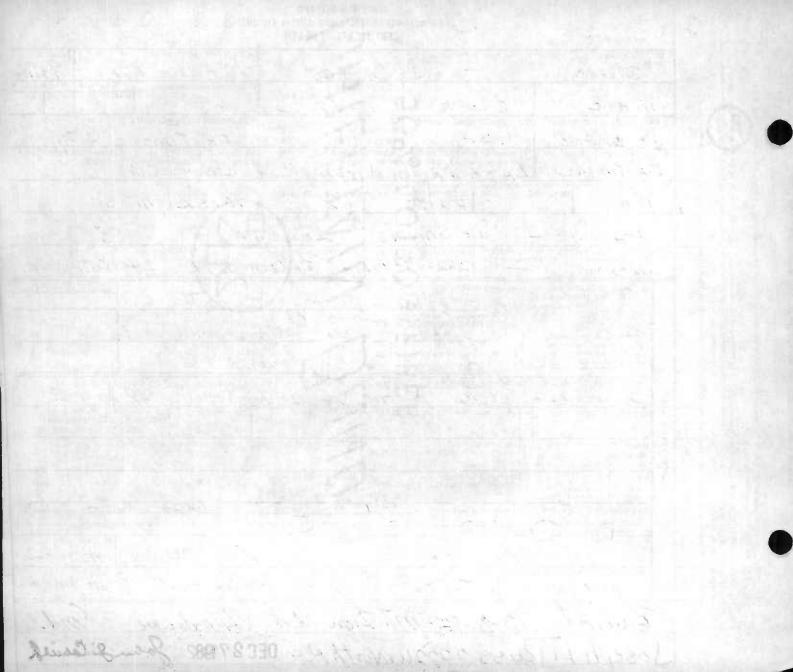


STATE OF MARYLAND



9		FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	RE	3 G. NO.	1 2	4 3
oy be voge 3 death		CEASED NAME FIRST	Mary	E. D	enton	AST	26. DATE OF DEA		DAY YEAR	26 HOUR P.
ue 4 may b ctar, page cts ofter dea	3. SE	* Female	4. RACE White	2	5. DATE O		6. AGE (IN YEARS L		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
685		RTHPLACE (STATE OR FOREIGN	76. CITIZENO	F WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMORE CI	TY OR COUNTY		MD.
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te execu		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES)	216-09-	7517 L	17. INFORMANT No. Robert	W. Dento	n - 4610	Bayon	re Ave.
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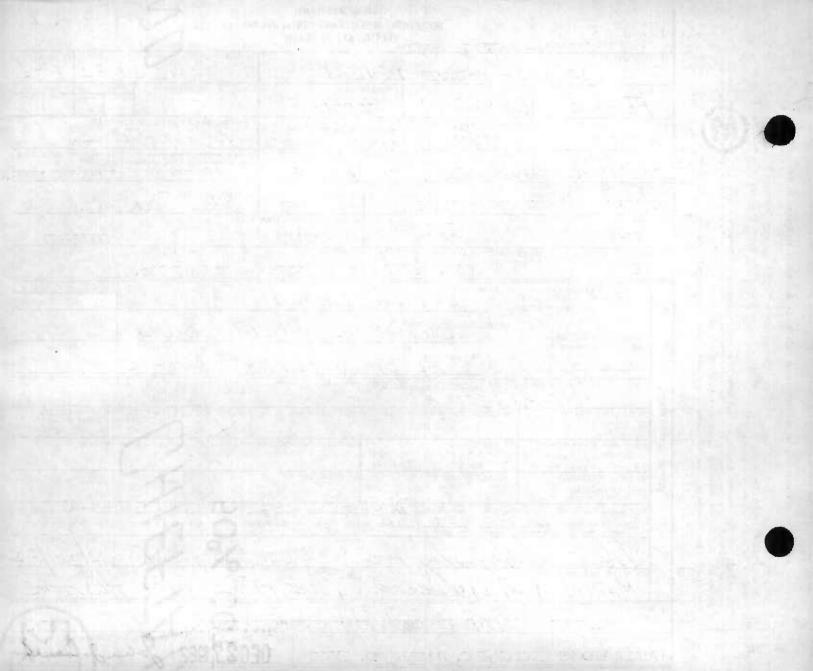
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the hard of the branche te Dep		226. SIGNATURE LEVEL	etal, UD		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/9/82
O HOSPITA February TO FUNER TO FUNER TO FUNER TO FUNER TO FUNER		SUSAN WE	OR PRINT) LESTHAL, MO		Johns Hopke	ins Hospital	
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DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR Leonard J Ruck	Inc. Baltimon	oress ce, Mary	land	TEREC'D. BY REGISTRAR 256 P.	GISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 8 ward 4. RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 8 HOURS (auc. 7a. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY IVERSIT ELECTRICAL WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS IDDLE RIVER 825 YES [NO UNCUFRSIT 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Pages (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) BOVE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO A CONSEQUENCE OF Severce Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. Lulemillim PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? Anewysn NOT NO [DIVISION OF VITAL YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 210 PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 8-2 22a.1 certify that (this hospital) attended the deceased from. 19 82 sow the deceased alive a and that in (my (our) pinion death occurred on the date and hour and from the causes stated obove (1) (ye) (did) (did not) view the body after death 225. SIGNA DEGREE 771 DATE SIGNED ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIANOR MPORTANT. 220 PHYSICIAN'S NAME (JYPE OF 220 ADDRESS 2/20 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. DHMH - 16 50M 4/82 ADDRESS CONNEGG MACE (VRA 15, 4)

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OR ATTEN OR ATTEN DIRECTOR: packed for us Dept. af He		sow the deceased alive or above, (1) (we) (did) (did no	12-	-/	Cr.	nd that in (my) (our) opinion	death occurred on the date and h	
hosp hosp hed hed eept.	13	22b SIGNATURE	N view me body	otter deorgi.	100	DEGREE		221. DATE SIGNED
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moy pog.	3. SE	X	4. RACE	S. DATE (6. AGE (IN YEARS LAST BIRTH		
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* IAN S		Md.	U.S.A.	. WIDOWI	D NEVER MARRIED DIVORCED	Baltim	ore City	MD
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AND n 24 h		Md.	- Balti		YES NO	3517 Woo	dstock A	ve. 21213
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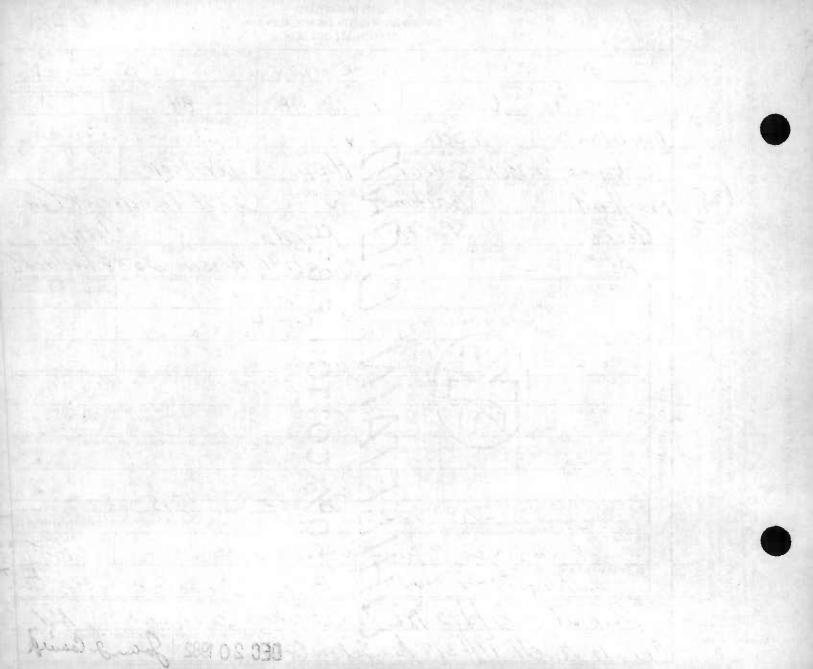
STATE OF MARYLAND

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG "TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	73n RI	JRIAL, CREMATIC				NAME OF CEM	ETERY	ADDRESS_)PV							
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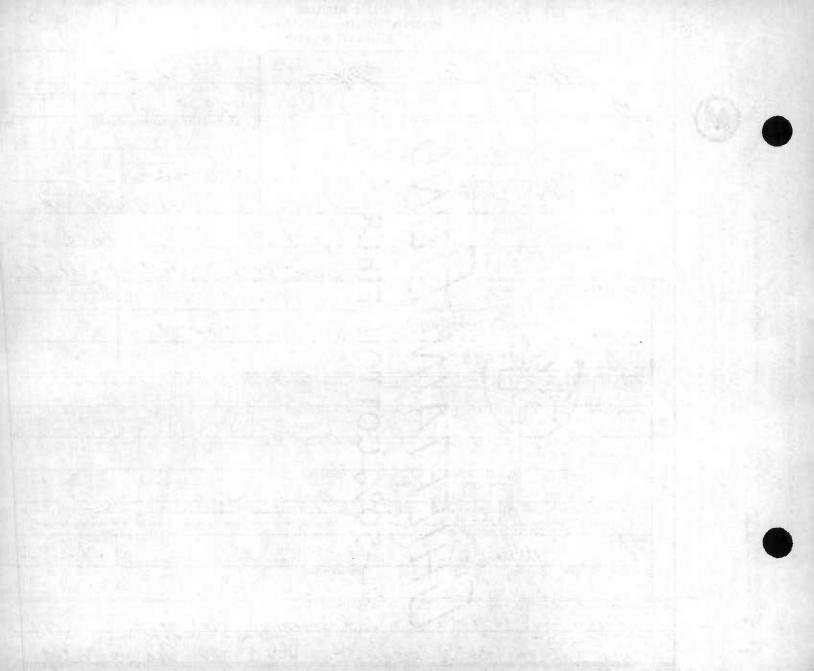
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9	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		1251
		MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DA	YEAR 25 HOUR
e 6 €	1. DECEASED NAME FIRST AUGUSTO		12 /5	- 92 /42 2
poge r dec	3. SEX 4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
Page 4 may be director, page 3 hours after death	Female 1	LEGRO MONTH G 98	84 YRS.	ONTHS DAYS MOURS MIN.
Poorth. Po	76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZE)	21.5a. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County of	City
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201	Baltimore 14 (36)	N Secours Mosp.	WMESTIC	
4ND 21	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF THE INSTITUTI	132 CITY OR TOWN 13d INSIDECITY LIMITS?	130. STREET ADDRESS FREQ	lerickGre.
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ORE,	160. WAS DECEASED EVER IN U.S. ARMED FORC (YES NO OYUNKNOWN) I IF YES, GIVE WAR OR DA		Herson 253	8 Frederickly
BALTIM cote be control	18 CAUSE OF DEATH (Enter only one cou	se per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	o Cardiae arre	N	
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	TE CONTRACTOR OF THE CONTRACTO		YES NO YES	ING CAUSES OF DEATH?
> X & 0 0 1 8	OR CONTRIBUTING TO CHIEF OF DEATH	IME OF INJURY JR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
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DIVIS DIVIS Or offer 1: After 1: se as the east th one	22a.1 certify that (I) (this hospital) attend	led the deceased from 1982		9 8 3, that (1) (wa) last
ATTENDIN Septial or .: CTOR: Afr of for use or of Health	saw the deceased alive on abave, (1) (we) (did) (did nat) view the	bady after death, 19 8 2, and that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated
R he he he	22b. SIGNATURE Kuly	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
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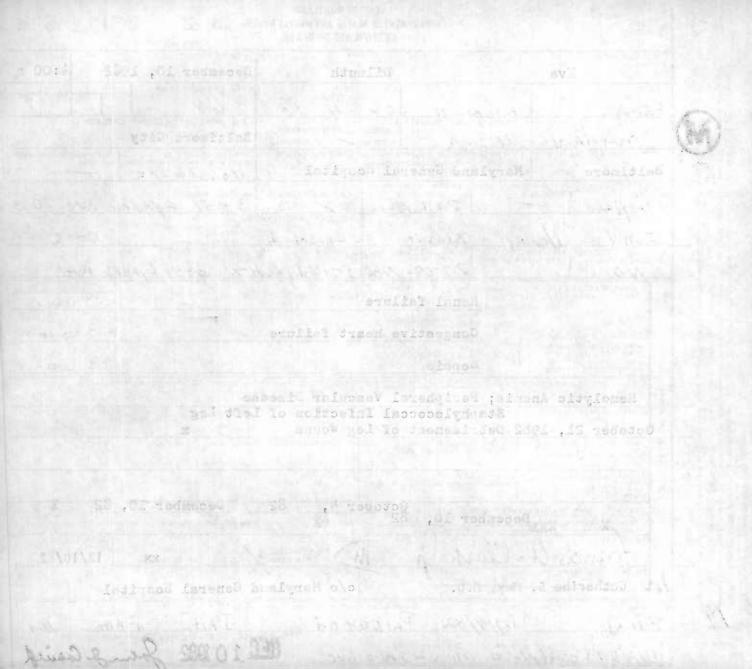


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) December 10, 1982 4:00 Dilmuth Eva 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER 1 YEAR | IF UNDER 24 HRS MONTH VEAD AUN, ASION 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 176 KIND OF BUSINESS OR Maryland General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 3851 15. MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Renal failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Congestive heart failure Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Sepsis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO Hemolytic Anemia; Peripheral Vascular Disease 190. DATE OF OPERATION "Statingle cuccanain fection of Left" Deg 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Debridement of Leg Wound October 21, 1982 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 711 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE 220.1 certify that (this haspital) attended the deceased from October December saw the deceosed of the December 10, 19 82 above 1 (we) (did) for the view the bady after death and that in (h)X (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE 226 DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12/10/82 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS c/o Maryland General Hospital Catherine S. May, M.D. 930. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ALKWOOD 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Rosentile In. 1211 Ches ALO AVE (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	tast	20 DATE OF DEATH MO	10.110 OK
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10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b, KIND OF BUSINESS
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			ECURITY NO. 17 INFORMANT	ADDRESS	inioti i
(4	YES NOOR UNKNOWN) (IF YES, G	(VE WAR OR DATES) 2/7-2	4-8764 ELIZABETH DIN	AKDO / 1807 R	AMBLEWOLD RD.
	18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b)	, and (c)	1	APPROXIMATE INTERVA
		ATE CAUSE (a) ACUTE	MI		360
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ATIC	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	200 AUTOPSY? 28	b. IF YES, WERE FINDINGS USED
IFIC		F 1 1 2 1 1 3 1		YES INO NO	CERTIFYING CAUSES OF DEATH
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0	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	(ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2)
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Leonard J. Ruck Inc. Baltimore, Maryland

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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAHTIMORE, MARYLAND, 2		TYPE OR PRINT		organita A		rell.		ADDRESS_		Penn	STreet			
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE The same of the same

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r req	in A	CERTIFICATION	19a DATE OF OPERA	TION	TIBL COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIN	NDINGS LISED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Action of the second of the se

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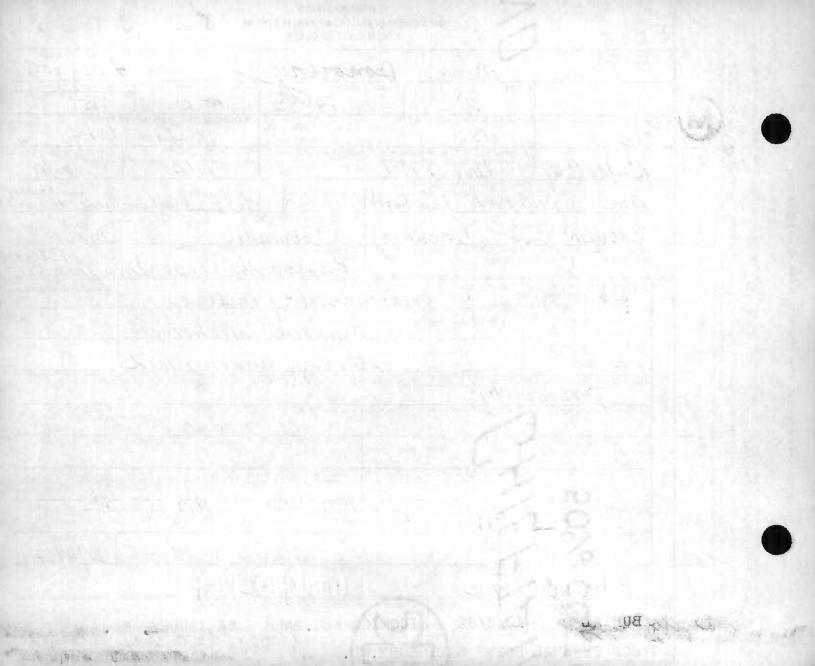
22	11.	FOR STATE REGISTRAR	m F Jr. 719 DEPART	MENT OF HEALTH AND MENTAL ' YG CERTIFICATE OF DEATH		lin -
1		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH DA	AY YEAR 2b. HC
de de	(TYPE	OR PRINT) WILLIA	AM FRANK	DIXON	Dec. 2	1,82 7
1	3. SE	X	4 RACE	5. DATE OF BIRTH		FUNDER LYEAR IF UNI
EW/()	L	Male	White	Dec. 5, 1894	88 YRS.	DIVING DATS HOUR
207		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED INEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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44	L	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE UNION MEM	ORIAL HOSPITAL	120. USUAL OCCUPATION (14 PEOF WORK FOR MOST OF WORKING LIFE) Superintendent	126. KIND OF BUS
12	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU aryland	or other institution, give residence befo INTY 13c. CITY OR TOY Baltim	Ore YES NO .	710 Chestnut H	ill Ave.
100	14. FA	THER'S NAME FIRST William	F. LAST	on 15. MOTHER'S MAIDEN NA FIRST Katheri		Hardest
5 5 /		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	I Company
Pog.		Yes W		7069 Mrs. Gertr	rude A. Dixon,	Same
2 9 9		cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
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PORTA		22d. PHYSICIAN'S NAM		SCHINDL	ER	220 ADDRESS	has 1	Hopkins Ho	spital		
¥ /	230	BURIAL, CREMATION, RE	MOVAL 23b.	DATE	23c NAME OF C	EMETERY OR C	REMATORY	23d LOCATION			
10		SPECIF BURIAL	12	2/21/82	King	Mem. Pk	•	Baltimor	e ccc	5.	Mď.
-	24	FUNERAL DIRECTOR					25e. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURI	E
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		FOR	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE 8 9	~ 1	06
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	600
	1. DE	CEASED NAME FIRST	MIDOLE	LAST .		MONTH DAY YEAR	2b. HOUR
page 3		Stevie	Marie	Donoway		12 4 82	335
4 may	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HI
B	_	/	10	11 19 82	A 0	YRS. 15	
death. Page	5	RMPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT U.S. A.	WIDOWED DIVORCED	Ba	LAD. Citz	1
Softer of the so	₩.С	Balte at	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	120. USUAL OCCUPATION OF COMMON TO		W/A
d in d be	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BE		130. STREET ADDRESS		Salist
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de de de	1	Heven	W Jonos	vac Debore	2h ADDRE		on
edico		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 16b. SOCIAL S	ECURITY NO. 17 INFORMANT	16. 7 L	- 6 Disease	7130
rs. P	-		anly ane cause per line far (a), (b)	measa	SWA CEDOI	an Ulyon	IMATE INTERVAL ONSET AND DEA
th certificate nding physic carbon pape , ar remaval.		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSE	Pardiorespiratory	failure.		
death ce attendin nove carb ofion, ar		Canditions, if any, which	() (b)	desseninated	infection)	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF .		,	
es that the ned by the please re- urial, crem		underlying cause last.	(c)	etio logy l	indeterm	ired	
signe hen p to bur njury.	NO		Levity	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I	a
prior	CERTIFICATION	198. DATE OF OPERATION	196-CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN	OF DEATH?
The k icion.	E		to the same we		YES NO	YES 🗌	NO 🗌
Z % 0 0 T 8	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART 1 OR PART 2)	
SICIA ng pl certif certif kental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	IER) P.M.	19			
PHYSIC tending this cer the burio and Ment	MED	21d. INJURY OCCURRED WHILE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TO	WN COUNTY	STATE
ATTENDING PI ospital or after the ECTOR: After the d for use os the f. of Health and m 21 is marked		AT WORK AT WORK		11/19 152	12/4	10 50	that (I) (we)
97 63		saw the deceased alive a	pital) attended the deceased from	9 52 ond that in (my) (our) opinion	death occurred an the d		1
ATTEN hospital IRECTOR hed for u ept. of H		above, (I) (wp) (did) (did)	view the body after death.	DEGREE		THE DATE	
0 = 0 20 2		(A	chysin .	ATTENDING	MEDICAL STA	FF _ to /	11/00
PITAL by th IERAL Stote deto	1	224 PHYSICIAN'S NAME (TYPE	E OR PRIVI	PHYSICIAN 220 ADDRESS	DIRECTOR PHISK	TAN L	7/00
TO HOSPITAL TO FUNERAL should be deta with the Stote IMPORTANT: H		Patricia.	P Frile.	Uni Dr	11 HOSD	the state of	- L
Shoot of the shoot	23a	BURIAL CREMATION REMOVA	AL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	234. LOCATION		
BP		BURIAL	I2/8/82	ITCOMICO MEM DADE	CITY OR TOWN	COUNTY	STATE
		UNERAL DIRECTOR	120/00	250. DA	JE REC D. BY REGISTAN	TIL RESISTRAR'S SIGNA	RE
DHMH - 16 50M 4/82 (VRA 15, 4)	W	ILSON FUNERA	I HOME SALTS	BURY MD.	JEC 1 3 1982	John to	A BANKA



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 20. DATE OF DEATH MONTH 2b HOUR December 16, 1982 11:00R 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Home maker 4211 Springwood Avenue 21206 Mr. Louis Dorer 4211 Springwood Aven

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NO |

STATE

STATE

PHYSICIAN DIRECTOR PHYSICIAN

Dec 17, 1982

22c. DATE SIGNED

24 FUNERAL DIRECTOR Funeral Homes, Inc. ADDRESS 7110 Belair Roaff

Baltimore, Md

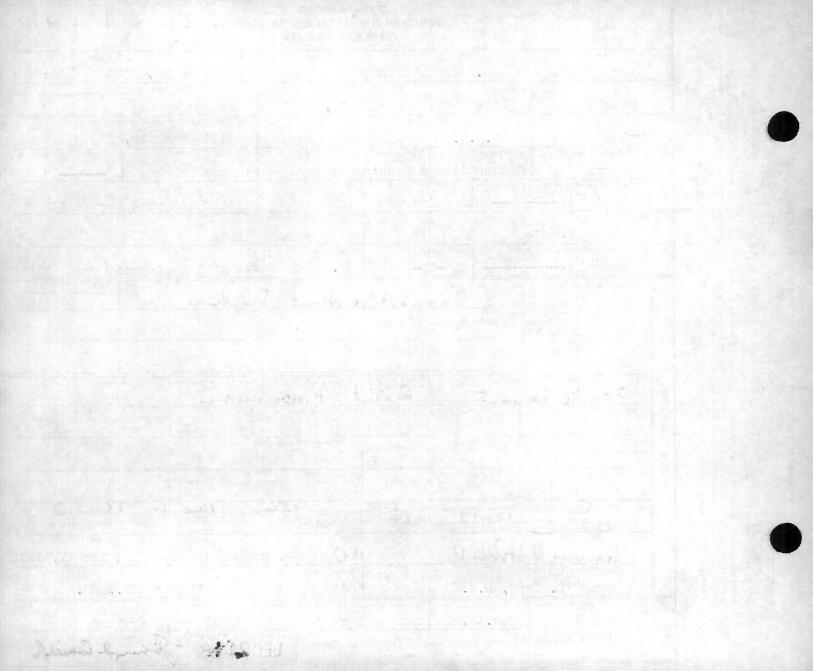
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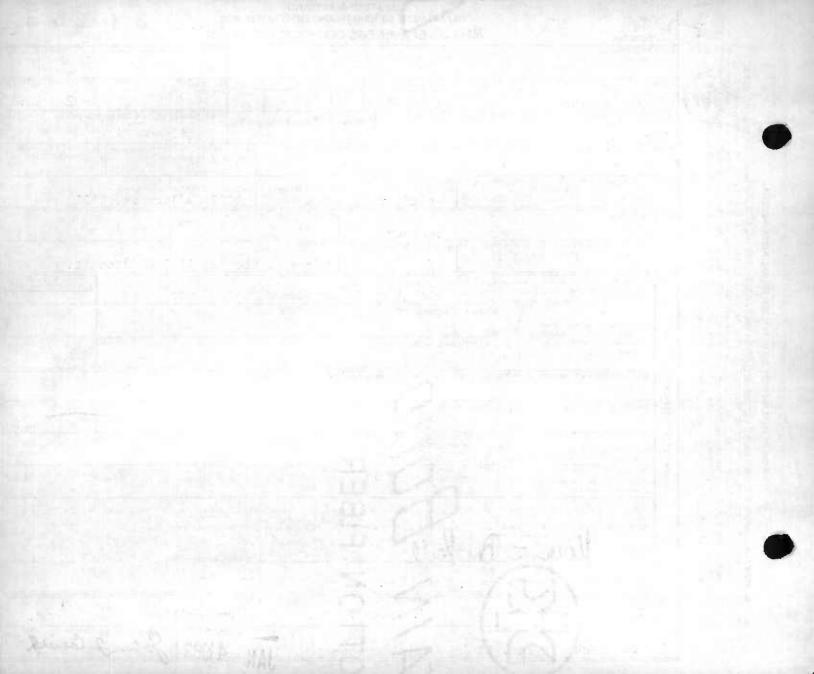
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I. DECEASED NAME

REGISTRAR

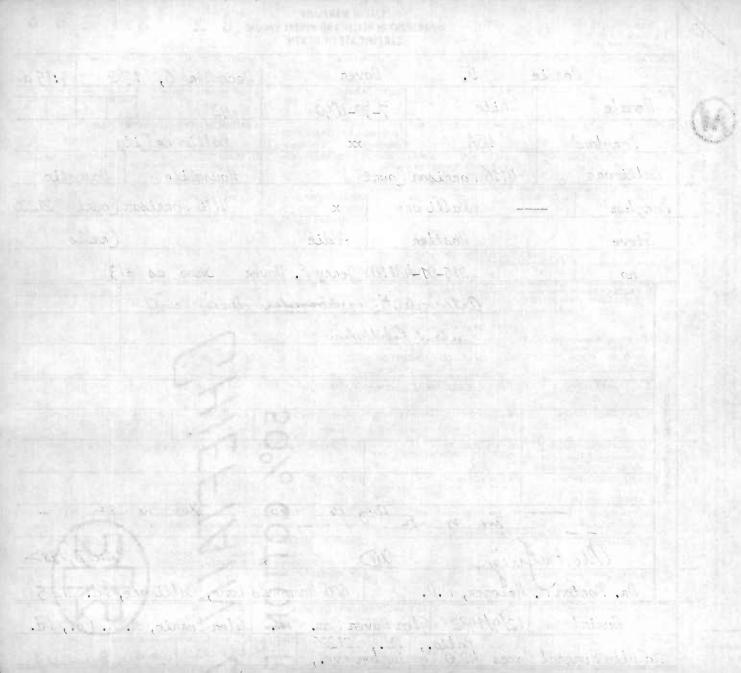


UED SA



Pennington Ave.

(VRA 15, 4)



LAST

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DOVI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Jan. 13, 1911

MARRIED MEVER MARRIED

YES X

17 INFORMANT

(Residence

13d. INSIDE CITY LIMITS?

DIVORCED |

NOF 15. MOTHER'S MAIDEN NAME

Doris Dovi

Angelina

REG. NO 20 DATE OF DEATH MONTH YEAR 2b. HOUR December 18, 1982 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYRE OF WORK FOR MOST OF WORKING LIFE) Roofer 21213 13e. STREET ADDRESS 2816 Erdman Avenue MIDDLE D'Angelo 2816 Erdman Avenue 21213 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DO GOCO DO DUE TO, OR AS A CONSEQUENCE OF he Coon & metantas PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

P.M 71s PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

VINCENT

IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

LAST

Dovi

Baltimore

166 SOCIAL SECURITY NO.

212-18-9607

2816 Erdman Avenue

White

76. CITIZEN OF WHAT COUNTRY?

U.S.A.

211. LOCATION

CITY OR TOWN

and that in (194) (our) opinion death occurred on the date and hour and from the causes stated

NOF

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART 1 OR PART 2)

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

22a.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive on DECEmber 1819 82 abave, (* (we) (did) (did fat) view the body after death. 27h SIGNATURE

WHILE

(SPECIFY)

21d INJURY OCCURRED

NOT WHILE

FOR

- STATE

YPE OR PRINTI

3. SEX

13a. STATE

CERTIFICATION

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Mentol Hygiene

sho

8

If Hem

MPORTANT

2

REGISTRAR

Male

70. BIRTHPLACE ISTATE OR FOREIGN

New York

II. CITY OR TOWN OF DEATH

FIRST

(YES, NO OR UNKNOWN)

Yes

Joseph

Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Baltimore

Maryland

4. FATHER'S NAME

FIRST

SALVATORE

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

(IF YES, GIVE WAR OR DATES)

13b. COUNTY

DECEASED NAME

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

made

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

77d PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL CREMATION, REMOVAL

Dr. Nancy T. Nichols M.D. Union Memorial Hospital

22ª ADDRESS

23d LOCATION

Baltimore, Md. COUNTY

FUNERAL

0

should be with the S

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

ITY OR TOWN

Baltimore Maryland

12/22/82 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

23b. DATE

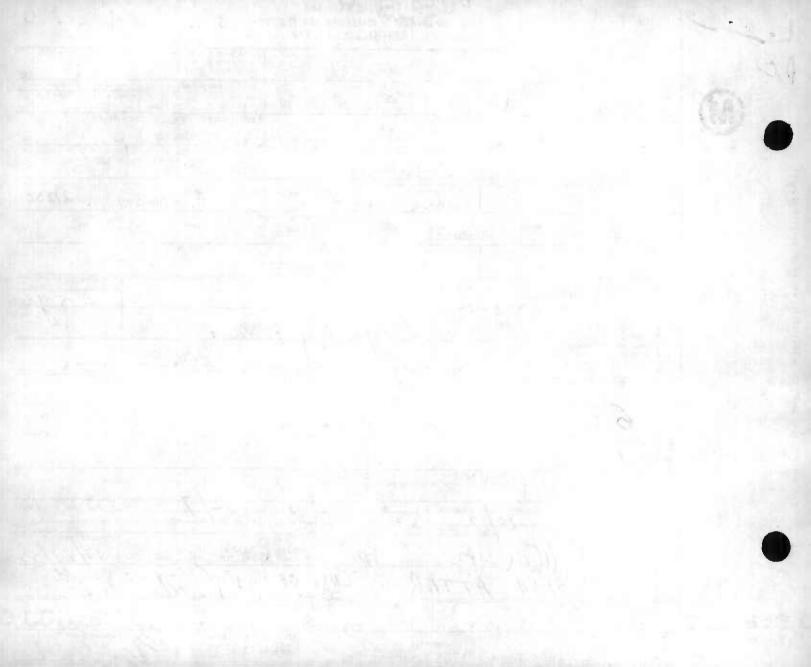
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10	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		1269
the state of the s			DRYWALA)	12 3	- O . M
(DE)	3. SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
一 就 []	Male	Caucasian	July 25, 1892	90 YRS.	COLDEATH
State of the state	De BIRTHPLACE (STATE OR FOI COUNTRY) Maryland	U. S. A.	MARRIED NEVER MARRIED !	Baltimore City	MD.
in by the fi	Baltimore	(IF NOT IN SUCH FACILITY, GIVE	14-7	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF Self—Employed	126. KIND OF BUSINESS OR INDUSTRY Tavern Owner
filled in sould be f	USUAL RESIDENCE (F NURSINI 130. STATE 1: Maryland	SHOWE OR OTHER INSTITUTION, GIVE RESIDENCE 13c. CITY OF Balt	E BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS! YES NO	13e. STREET ADDRESS 424 S. Patterso	n Park Ave. 21231
MARYLA ed within ond 2 sh examine	14. FATHER'S NAME FIRST Simon	MIDDLE LAS	st 15. MOTHER'S MAIDEN FIRST Mary	MIDDLE Anna	Mardas
in and con and come medical	160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	2-2668 Lucy A. Dr	zymala - 424 S. Pa	tterson Pk. Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the ding physicion. When this certificate has been signed by the attending physicion and completely filled in by as the build-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in by the and Mental Byguene prior to burial, cremation, or removal. Or should byguene prior to burial, cremation, or removal.		diote the lost. DUE TO, OR AS A CON	ac arrest, resp	100	/EN IN PART 1(0
TAL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	ON 196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SION OF VITAL I PHYSICIAN: The anding physicion this certificate he e buriol-tronsit p and Mentol Hygien.	00.00	USE OF DEATH HOUR A.M. MONTH	H DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18. F	PART I OR PART 2)
IVISION IG PHYS otherdin other this c s the bur ond Med or it rked or it	OR CONTRIBUTING CA	LAT HOME STREET FACTORY	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND he hospitol or DIRECTOR. A critical for use a Dept. of Heol	iow diceopage die 270. SIGNATURE			ion death occurred on the date and hou	or and from the couses stated 22c. DATE SIGNED 12/31 8 2
TO HOSPITAL Fernined by 1 TO FUNERAL Should be de with the State	RICHAR	D L. LINTHIC	om MERCY		SALT MD
A/05BP	230. BURIAL, CREMATION, R (SPECIFY) Burial	236. DATE 1/5/83	St. Stanislaus Cem	Baltimore Ci	
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR George A. Wel	er & Sons Inc		AN 3 1983 Solar	Le Couref

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 26. HOUR 2a DATE OF DEATH MONTH OAY DECEASED NAME FIRST (TYPE OR PRINT) 12/12/82 DUBOSE RASBERRY IF UNDER 24 HRS 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR 3. SEX 4 RACE HOURS 1932 Black. Hale 28 12 YRS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED TENEVER MARRIED COLINTRY Baltimore City U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR IS CITY OR TOWN OF DEATH Bldg. ITYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) Construction 1015 W. Mulberry St. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 130. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1015 W. Mulberry St. Balto. YES X NO | Md 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Hattie MIDDLE DuBose DuBose Willie ADDRESS 146 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary Chester 726 N. Carey St. the 251 44 7568 Korean ves APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ CONSEQUENCE OF DUE TO, OR AS Conditions, if ony," which gove rise to immediate cause (a), stating the DUE TO OR AS ACONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 2 <u>Z</u> CERTIFICAT 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION 90 DATE ď IN CERTIFYING CAUSES OF DEATH? mouckogeme NOR YES [NO [nsit p Hygid 8 216. TIME OF INJURA 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 21a ACCIDINT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P M ō 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 19 \$ 2 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated saw the deceased alive an above, (I) (we) (slid) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED FUNERAL I ATTENDING MEDICAL IMPORTANT: PHYSICIAN K DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME IT PEOR PE 22e ADDRESS with 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY 12/16/82 Burial King Mem. Park Randallstown 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ACCRESS DHMH-16 25M (VRA 15, 4) 1/79 Jas. A. Morton & Sons 1701 Laurens St.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) Evelyn Dukes 12 24 82 4. RACE IF UNDER I YEAR IF UNDER 24 HR 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 30 Female. Black. 52 7a BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED N. Carolina U.S.A. Baltimore City, WIDOWED IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! 450 Lorraine Avenue Baltimore USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 13a, STATE | 113b, COUNTY | 112, CITY OR TOWN 130 STREET ADDRESS 413 E. 22nd Street Baltimore 13d. INSIDE CITY LIMITS? Maryland 21218 YES A NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Dinkin MIDDLE MIDDLE King Feldon Tora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) N/A Carrie F. English 413 e. 22nd St. 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL I or Z davs IMMEDIATE CAUSE (a). DUE TO, OCOS A CONSEQUENCE Reart Disease 5 yrs Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? none NO [NO YES 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH JIF EITHER NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1982 22a.1 certify that (1) (this hospital) attended the deseased from and that in (my) (aur) apinian death ownered on the date and haur and fram the causes stated saw the deceased alive on. abave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE ALPHONSO Y. DEGREENEE M. D. 22c DATE SIGNED MEDICAL 449 EAST 25th STREETSICIAN IN DIRECTOR PHYSICIAN MPORTANT: BALTIMORE, MEADER 218 22d. PHYSICIAN'S NAME ITYPE OR PRINTS TEL: 467 - 8170 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 12/29/82 CITY OR TOWN SBURTAL. Mount Calvary Cem. Baltimore

DHMH - 16 50M 4/B2 (VRA 15, 4)

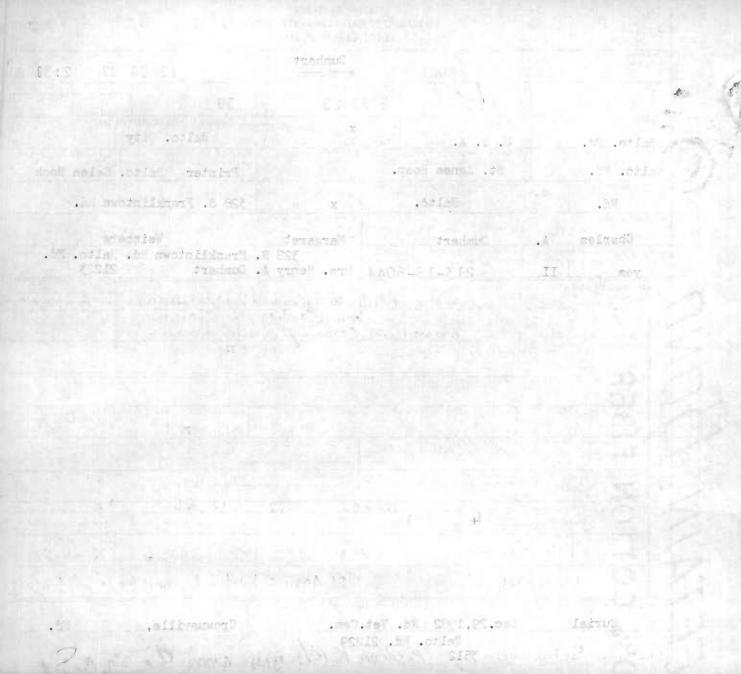
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24 FUNERAL DIRECTOR

Wm. C. March F/H Inc. 1101 E. North Avenue

GARRIE MENTENDONA HETE THE WATER AND 75 1 42 11

To. C. March F/P Toc. 18th March Blanch



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2111		REGISTRAR			CERTIFICA	ATE OF DEATH		REG. NO.		
		CEASED NAME FIRST	MIDDLE		LAST		20	DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	{ TYP[Stewa	rt I	F. Du	nean			12/5/82		7 PM
	3. SE	X	4 RACE		5. DATE OF B			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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16		IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	MADDIED F	NEVER MARRIEI	9.1	BALTIMORE CITY OR COUN	ITY OF DEATH	
U	P	ennsylvania	U.S.		WIDOWED [DIVORCE		Baltimore	City	MD
40		Baltimore	11. NAME OF HOSP	PITAL, NURSING ILITY, GIVE STREET A AGNOS	GHOME OR C DDRESS) H OSPI	THER INSTITUTIO		USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Retired Acc	GUEEN INDUSTRY	F BUSINESS OR
3	13a. S	AL RESIDENCE (IF NURSING HIME OR STATE Maryland Ba	other institution give rate timore 13c.	CITY OR TOWN	1136	I. INSIDE CITY LIM		street ADDRESS 1203 Maide	n Choie	21229 e T.ane
120	14. FA	ATHER'S NAME				MOTHER'S MAIDE			- 01-020	o Dano
H	1	FRANK	S. (DUKA,	0	Adah		WIDDLE	WWhi	te
h		WAS DECEASED EVER IN U.S. AR		SOCIAL SECUE	RITY NO. 17.	INFORMANT		ADDRESS	1 11	-
1		YES, NO OR UNKNOWN) (IF YES, GIV	1 2	14-40-	-5796 A	Mrs.	Nelli	le D. Duncan	Same	as # 13
	7	PART I. DEATH WAS CAUSE 1991 Conditions, if ony, which gove rise to immediate cause io), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS (c) 2	ACONSEQUENCE	CE OF LOS			D Cuely	7/	MATE INTERVAL DINSET AND DEATH THE PROPERTY OF THE PROPERTY
2	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	21b. TIME OF INJ HOUR A.M.	URY MONTH DA	Y YEAR 19 21	AS PERFORMED (HOW INJURY O			YES, WERE FINDIN TIFYING CAUSES YES [] 18. PART I OR PART 2)	
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	23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 12/8/82			TERY OR CREMAT		23d. LOCATION CITY OR TOWN Randallstown	Baltim	oreMd.

DHMH-16 50M 1/B1 (VRA 15, 4)

Burial 12/8/82
24 FUNERAL DIRECTOR Witzke P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

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	1			STATE OF MARYLAND	No.	
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 2	3 2 7 4
O.		REGISTRAR		CERTIFICATE OF DEATH	REG. N	
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR.
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- Factor	3. 3E	n e e e e e e e e e e e e e e e e e e e	RACE	MONTH DAY YEAR	-7	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
= i(V)	01	IALE	COL	MAR 26, 1925	57	YRS.
# 3 F 6 F	7a B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
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AN SEE SEE	111	17RYKAHO	13AATIM			CHESTER KOAD
~	114. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
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d course icol	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECL	RITY NO. 17 INFORMANT	ADDRE	
MORE e exect	1	(IF YES, GIV	WAR OR DATES	8813 MRS BARRA	DA DULLA SE	3525 LYNCHESTER RO
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ondin the carb		7100	DUE TO, OR AS A CONSEQUE	ENCE OF	_	
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201 es the ned b pleas uriol,	30	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINIAL DISEASE OF CON	DITION CIVEN IN PART 1/-
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AYS ding on the or the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physicion. (fer this certificate hoseen sign os the burial-transit permit. Then th and Mental Hygiene prior to b acked or frem 18 stows any injury	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOW	'N COUNTY STATE
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OR O		226. SIGNATURE		DEGREE		22c. DATE SIGNED
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DHMH - 16 50M7/77	1	NERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR	25 SEGISTRAR'S SIGNATURE
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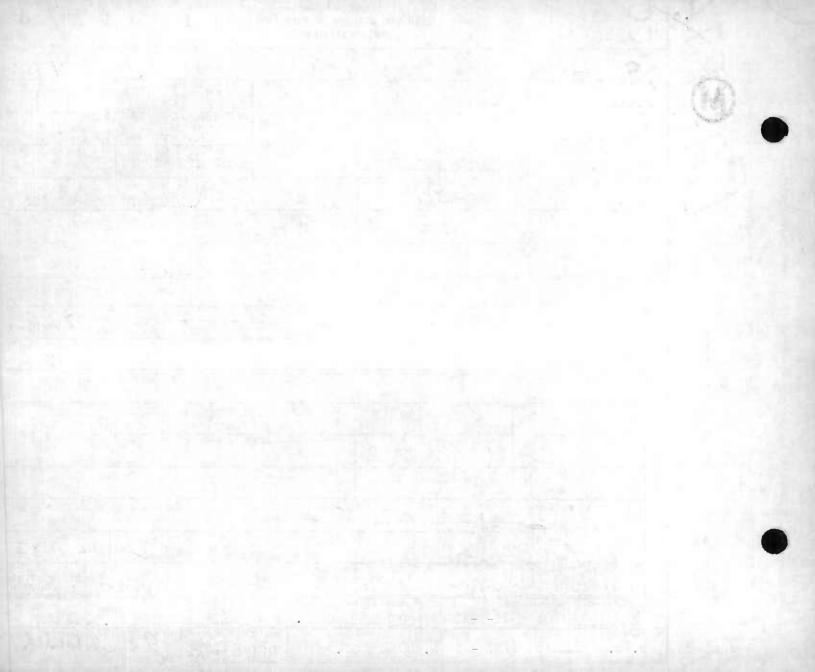
2	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	٥.	! ha	3
y be death		CEASED NAME HORO	ra	WIDDIE	Di	n Leavy	20. DATE OF DEATH	2 10	827164	PS M
S offer d	3. SE	Female	4. RACE Whi	te	S. DATE C		6. AGE (IN YEARS LAST BE		UNDER 1 YEAR IF UNDER STATES DAYS HOURS	24 HRS MIN.
ooth. Poo	70. B	RIMPLACE (STATE OR FOREIGN AND Land		WHAT COUNTRY?	10	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	MD.
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filled in ould be f	13a	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN			E ADMISSION)	13d. INSIDE CITY LIMITS? YES XX NO	130 STREET ADDRESS 7636 Belt	St. Bal	to.Md.2123	20
ampletely and 2 sh	14. FA	THER'S NAME Patrick	WOOLE	(avanau	gh	15. MOTHER'S MAIDEN NA	MIDDLE		Motale	
S. Pages 1		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	217-26-2		Mr. Patrick	J. Dunleavy,		above	
by the attending physicser remove carbonpape 1, cremation, ar removal rather traumatic event, the		18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA. 4360 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	TE CAUSE (a) DUE TO, C	0	ENCE OF	ting Men	Sprien or acco	Send	APPROXIMATE INTER BETWEEN ONSET AND THE COLLEGE OF THE COLLEGE OF	
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DIRECTOR: Af ached for use o Dept. of Health If Item 21 is ma		22a. I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	ital) attended to	e deceased fram		d that in (my) (aur) apinion DEGREE ATTENDING	MEDICAL STA	FF /	nd Iram the causes sta	
TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE C		· My		22e ADDRESS	DIRECTOR PHYSI	CIAN	[12]10]	13
BP		BURIAL CREMATION, REMOVAL	Dec. 1			emetery or crematory	23d. LOCATION CITY OF TOWN GRAND TE REC'D. BY REGISTRA	c M	anuland	STATE
HMH - 16 50M 4/B2		INERAL DIRECTOR L'ULLU Funeral H	Home, 130	E.Fort	Ave. B	elto.M. DEC	1 4 1082	7	6 SIGNATURE	

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	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOL
(179	CHAR	UES Wilbur	DUNSMORE	12-1.	5-82 1:
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and the	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Ba	Itimore, Md.	U.S.A.	WIDOWED DIVORCED	Balti	more City
1.0.4	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET North Charles G	G HOME OR OTHER INSTITUTION ADDRESS) eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I)	12b. KIND OF BUSIN
35	AL RESIDENCE IN HANNE HATE OF	THER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) 138. INSIDE CITY LIMITS?	13e. STREET ADDRESS BYE	(R/
10111	ATHER'S NAME	MIDDIE LAST	15. MOTHER'S MAIDEN NA		001
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	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), or	d (c).)		APPROXIMATE INTE
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9 3	OR CONTRIBUTING CAUSE OF DE.	A111	19		
MEDICAL	EIG INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	7 (7 th 00 2 Chale)	COUNTY
2	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY
		ital) attended the deceased from_	12 -08 1082	- 10 12-15	19.82, that (I)
	sow the deceased alive an	12-15- 196	35_, and that in (my) (aur) opinion	death occurred on the date and hou	r and from the causes s
	above, (I) (we) (did) (did no	ot view the body after death.	DEGREE		22c. DATE SIGNED
	1 DOMAN	Warnela	W MAND ATTENDING	MEDICAL STAFF	12-15-1
1	THE PHYSITIAN'S NAME THE	10000	PHYSICIAN L	DIRECTOR PHYSICIAN	10-11-8
7	THE PERSON NAMED IN COLUMN TO A PARTY OF THE	110 00 1		16581720	
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T_{\perp}	CESARGA	MBOA, RU	N.CHARLE		
23s.	CESAR GA	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
27s. P	CESAR GA BURIAL, CREMATION, REMOVAL BUTTAL UNERAL DIRECTOR	23b. DATE 23c. 1 12-17-82 Eve		23d LOCATION CITY OR TOWN ardens Finksburg	. Carroll

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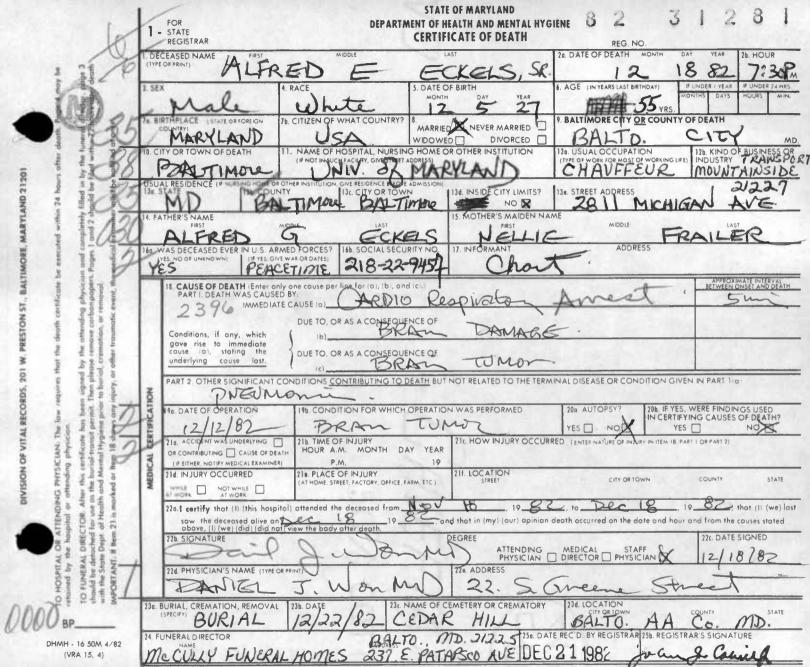


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		FOR	DEPARTA		E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8 2	3	1 2	8 0	
	1-	STATE REGISTRAR			ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST	MIDDLE		LAST	12/29/8		AY YEAR	26. HOUR	
	1 SEX	Female	4. RACE Cauc.	S. DATE (DF BIRTH 49/18/199 YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS	
35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	RCOUNTY C		MD	
21	0. ci	Balto.	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	176. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	ON DE WORKING LIFE!	176 KIND C INDUSTRY	DE BUSINESS OR	
3	USU 4 436. S	AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS	swick	Rd.		
H	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE		LAS	ř	
1		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) IF YES. GI	RMED FORCES? 16b. SOCIAL SECU	RITY NO.	17. INFORMANT Nephew	ADDR	SS			
)	ICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO DE 198. CONDITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE OR CON	DITION GIVE	WERE FINDING CAUSES	NGS USED	
$\frac{2}{9}$	AL CERTIFICAT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	YES NO	YES		№ □	
1	MEDICAL	(IF EITHER, NOT IFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE AT WORK	P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		22a.1 certify that (1) (this hospital) attended the deceased from 1962, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death.								
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/39/82 226. DATE SIGNED 12/82 12/83 12/84 12/								
L		Daniel V. Lingurial, CREMATION, REMOVAL	1 - 10 - -		CEMETERY OR CREMATORY	Avenue, Bal				
	24. FL	JNERAL DIRECTOR	h 3rd. 3617 Ches			E REC'D. BY REGISTRAR AN 6 1983				

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ADDRESS V

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Yazzi Elektrik diri en de A. 112-50. ALLED R. A. D. G. C. C. C. ALON BURDONS AND THE COLUMN COLUMN STREET, NAMED AND ADDRESS OF THE COLUMN COLUMN STREET, NAMED AND ADDRESS OF THE COLUMN STREET, NAMED AND

	1	FOR - STATE REGISTRAR	DEF	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	GIENE 8 2	3 2 8	3
1 218	TYP	CEASED NAME FIRST	Me S MIDDLE	Edi	uards		MONTH DAY YEAR 26 HOUR 2 6 82 12:20 HDAY) IF UNDER 1 YEAR IF UNDER 2.	OPM
4 4 m	SE	MALE	Black	S. DATE OF	28 1914	6 AGE IN YEARS LAST BIRT	MONTHS DAYS HOURS	MIN.
	N.	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER MARRIED A	9. BALTIMORE CITY OF	COUNTY OF DEATH	MD.
	10.0	BALTO	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE A LTO.	STREET ADDRESS)	DI FAL	120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	SOR
AND 212	13a.		NTY 13c CITY OF	ON STATION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1/ 1-01	121
MARYL ed with ompletely and 2 s	V.	Edward	MIDDLE Edwa		15. MOTHER'S MAIDEN NA	MIDDLE	Edwards	
De execul		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES, GIV	MED FORCES? 166 SOCIAL 436-7		Mrs. Paulina	e Wright 2	12 Sollors PT. R	'd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120; ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, rattending physician and campletely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal. or then All shows ony miury, or ather traumatic event, the redical evaluation of the filled or them 18 shows ony miury, or after the analysis of the filled or them.		18 CAUSE OF DEATH (Enter of PART F. DEATH WAS CAUSE IMMEDIATED)	nly ane cause per line far (a), (i) BY: TE CAUSE (a)	b), and ici.)	nest		APPROXIMATE INTERV. BETWEEN ONSET AND DI	AL EATH
RESTON e death ce mave carb nation, ar i		Canditians, if any, which	DUE TO, OR AS A CON	SOUENCE OF			$\times 3$ year	5
ot W. P		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	entricular	arrhythm	las	2 Zyan	5
or to burn	TION	PART 2. OTHER SIGNIFICANT (
TAL RECO	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	
PHYSICIAN: TI ending physicial this certificate the buriol-transit of Amental Hygi dor frem 18 sh		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	(IN ITEM 18. PART) OR PART 2)	
DIVISION DING PHYS or ottendir After this sees the bus olth and M marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	PFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN COUNTY STA	ATE
TTEND pital a pital a for use of Heal		220.1 certify that (1) (this hospi saw the deceased alive an abave (1)/we) (did) (did no	ital) attended the deceased in the view the bady after death.	00	that in (my)(aur) apinian	death accurred on the da	te and haur and from the causes state	-
PITAL OR A by the hosp the hosp detached State Dept.		226. SIGNATURE	who.	D	EGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	FIAN 1216/8	52
FUN FUN Sold E		224. PHYSICIAN'S NAME ITYPE OF	OR PRINT)		220 ADDRESS Balt	Amere Ci	ty Itespital	
1000 Bb	E	BURIAL, CREMATION, REMOVAL XSPECIFY)	1236. DATE 12-10-82		METERY OR CREMATORY Mem PK	Pandals		ATE
DHMH - 16 50M 4/B2	24. F	UNERAL DIRECTOR	1-17m11 ADD	RESS	25e. DA		25b. REGISTRAR'S SIGNATURE	4

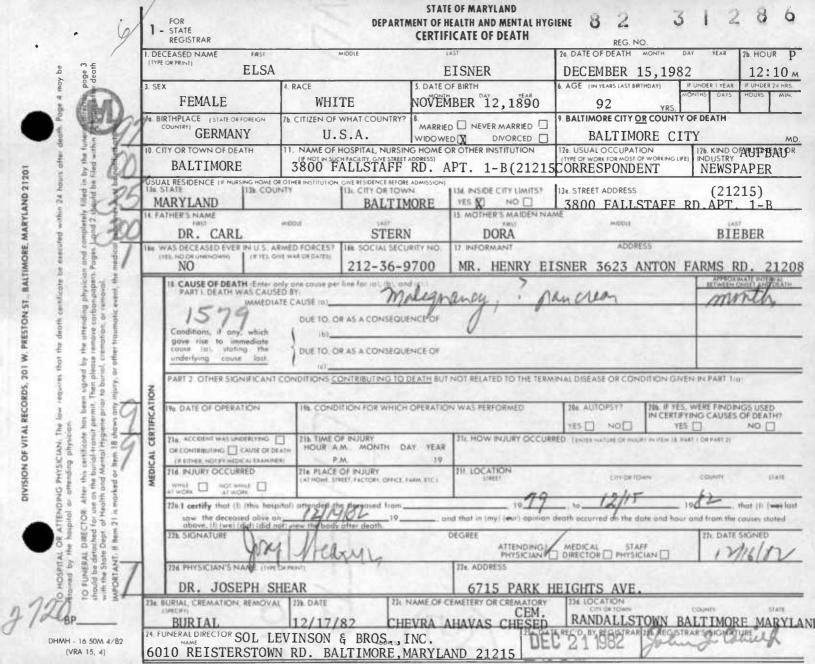
IMORE, MARYLAND 21201	oe executed within 24 hours ofter denth. Programme	Pages I and 2 shauld be filed within 72 ha	medical exprime must be notified at once.	3 10 13 N
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. It retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed within 721 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.	IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other troumatic event, the medical examiner must be northed	23
	BP.		2 (1)	

DHMH - 16 50M 7/77 (VR A 15 (4))

	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	GIENE 8 2	.	1 2	8 4
		CEASED NAME CEOR	I BI I		ELBERGER BENGER	2a. DATE OF DEATH	MONTH DAY	8Z	TAOP A
Ė	3 SEX	MALE	white	5. DATE C)F BIRTH	6. AGE IN YE LAST BIRT			IF UNDER 24 HRS HOURS MIN
3	B	M Himorae mo	76 CITIZEN OF WHAT COU	MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	BALTIMORE CITY O	DRE CI-	ly	MC
1	B	Altimore, mi)		LO STATE		128 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST O	DN FWORKING LIFE)	INDUSTRY	NE BUSINESS OR
2	Ma	ALRESIDENCE (IF NURSING HOME OR STATE ryland Balt	other institution, give respectively Christophy Christo	ville	13d. INSIDE CITY LIMITS?	2810 Kaywo	od Plac	ce	
00		Thomas	EICHERE	AST MGEK		*CACACACACA	liza	MeC	юy
2		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATECT	09 2058	JOHN EIC	ADDRE			
		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIAT	O BY:	OKATOR.	Y FAILURE			BETWEEN ON	ATE INTERVAL INSET AND DEATH
		Conditions, if ony, which		(b) CHRONIC OBSTRUCTIVE PULMWARY DISTNEE					1RS
		cause (a), stating the underlying couse last	DUE TO, OR AS A COM	ESTIVE	HEART FA	HILVPE		45	MKS
	TION	PART 2. OTHER SIGNIFICANT C	SORDER						
3	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		20a. AUTOPSY? YES NO	IN CERTIFYIN YES [VERE FINDING NG CAUSES O	OF DEATH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M,	TH DAY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
,	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
		22a.t certify that 😭 (this haspit saw the deceased alive on abave, (1) (1) (1) (did) (did)	al) attended the deceased	1982 on	d that in (my) opinian	death occurred an the do	te and hour a		ot (I) (last ouses stated
			an em		DEGREE ATTENDING PHYSICIAN (MEDICAL STAF		12 12	S SZ
1		DANDS, PR	NCE MD		Mantebeu	w SlATE	Hospi-	TAK	
3	- 11	Burial Burial	23b. DATE Dec.14,1982	23c NAME OF C BelAir M	emetery or crematory Iemorial Gard		Harfo	ord	Md .
		UNERAL DIRECTOR	TTT A1-4-ADD	RESS 16-3 C		C 15 1982	Jacobie	Span July	inale
	П	oward K.McComas	III, Abingd	on, Ma. 2	TOOS DE	0 4 0 100-	U		

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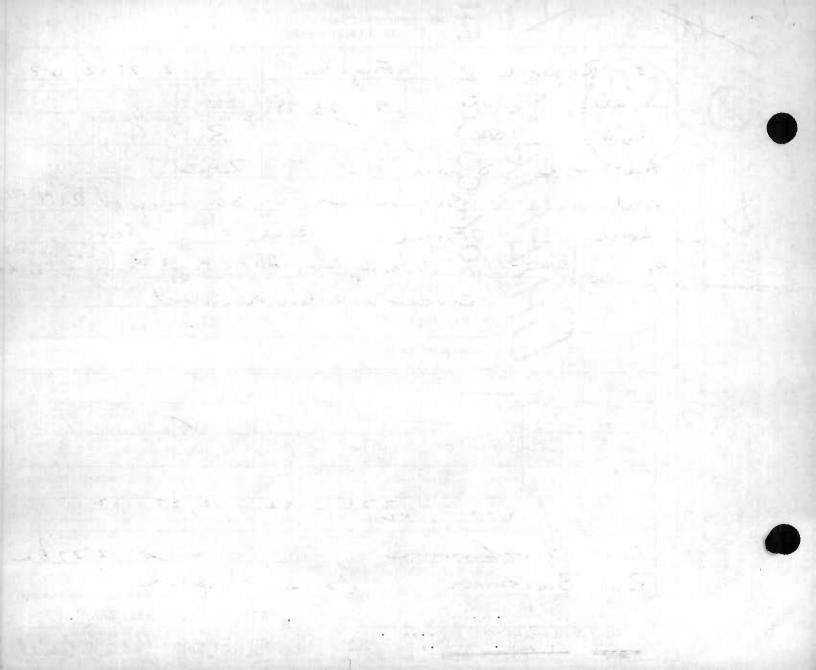
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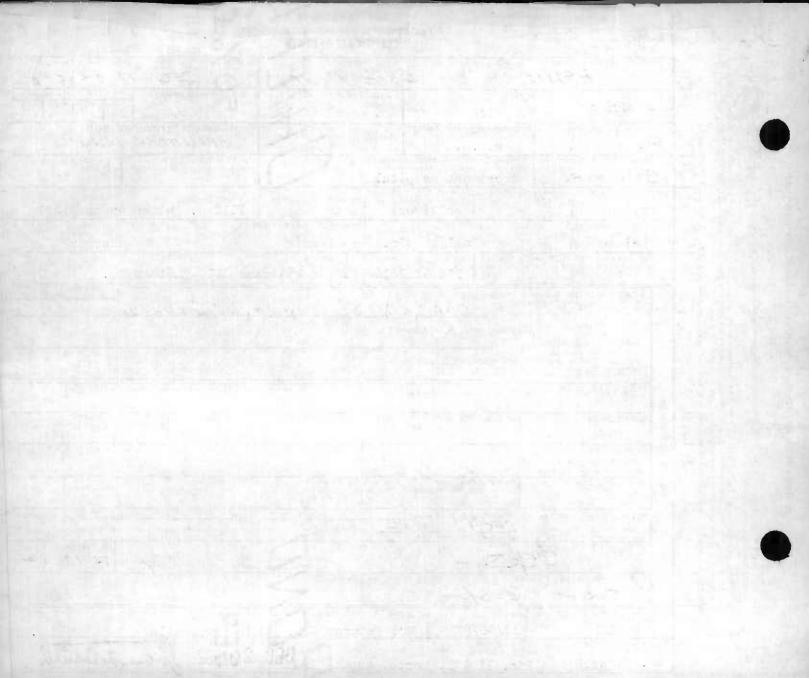


HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

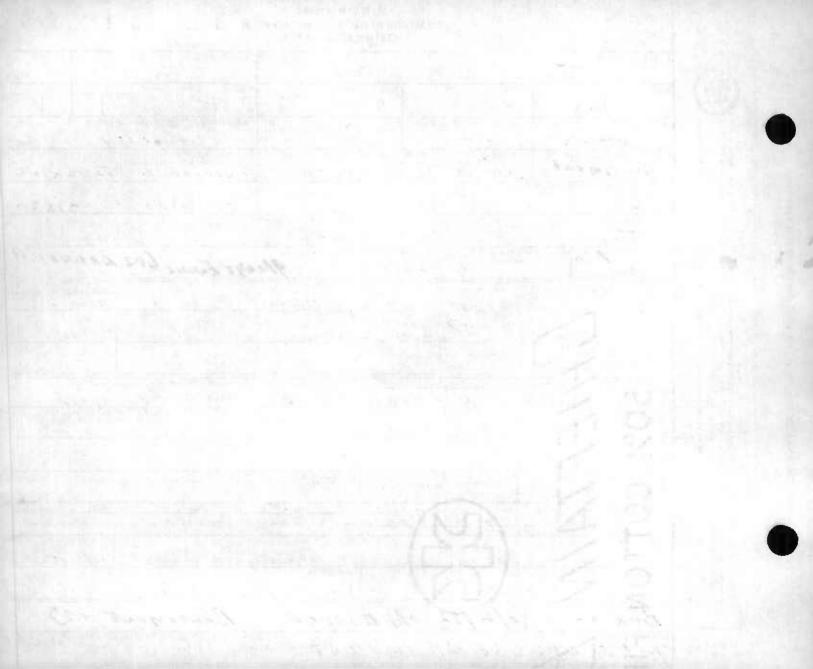
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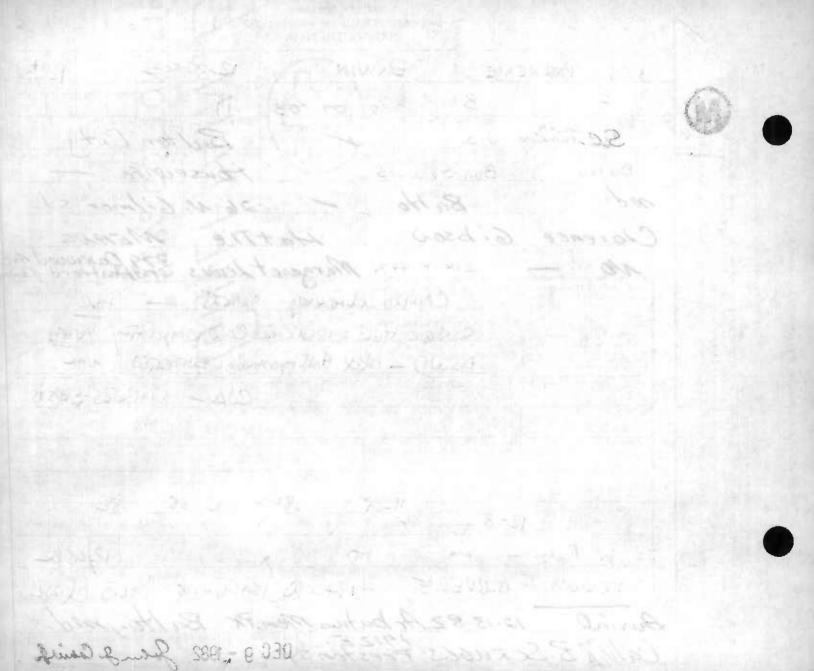
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n n 4		CEASED NAME FIRST		MIDDLE	LAST	V.C	20. DA		DAY DAY		HOUR
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	3.58	MALE	B/AC	K	5. DATE OF BIR	24 O	AR	73	YRS.	HS DAYS HO	
# 12 B		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIE DIVORCE		BALT	COUNTY OF	7 5	M
B B		BACTIMENE BACTIMENE	(IF NOT IN SUC	HOSPITAL, NURSING THE PACILITY, GIVE STREET	ADDRESS)	HER INSTITUTION	TYPE C	UAL OCCUPATION F WORK FOR MOST OF W GALLER F. A. C.	ORKING LIFE)	26. KIND OF BU NDUSTRY	
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and con Poges 1 o	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	JRITY NO. 17.1	NFORMANT	9/204	ADDRESS Firstos	602.	GREH	ON
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ATTENDING sported or of carter of for use os the forted t		WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did at the control of the control o	n Deci	31 19	SPT /	3 , 19 ot in (my) (our) o	σΖ, to	Dec 3	and hour an	52, that	(I) (we) lo
the horizon to DIRE	1	PUCK L. X	Then ARD,	40	DEG	ATTEND PHYSIC	ING MED	ICAL STAFF CTOR PHYSICIA	NX	12/31/	82
TO HOSPITA retoined by TO FUNERA should be de with the Stot		Pick She	ORPRINT)	n		ADDRESS WIU MO	Hors	02 5	· GRE	enest	BA. 21.
BP	23a.	BURIAL, CREMATION, REMOVA	23b. DATE	183 P	NAME OF CEME	BUNN BUNN		LOCATION SPI OR TOWN	nove	THIY M	3 STATE
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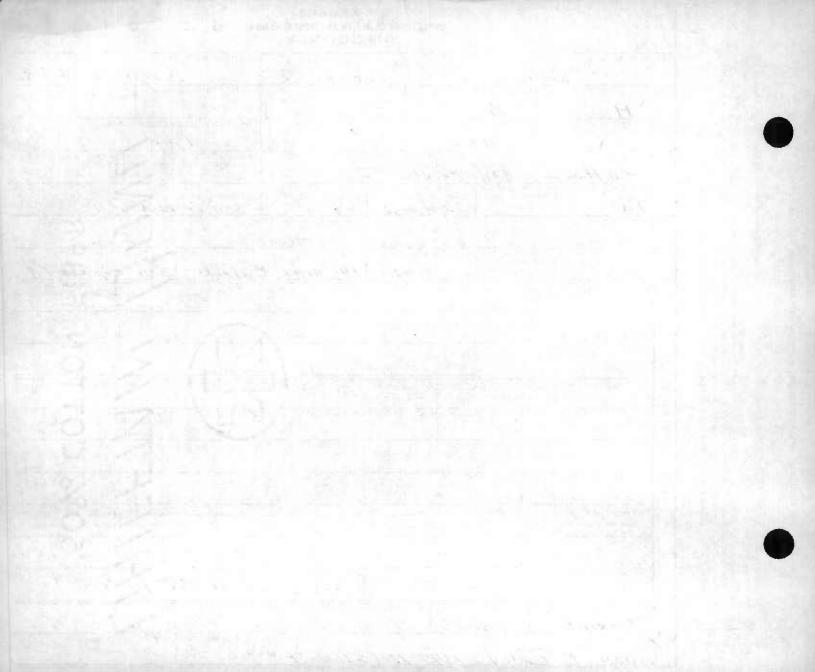
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13	1. DECE	ASED NAME	FIRST		MIDDLE		LAST	_		20. DATE C	REG. NO	O. MONTH DA	AY YEAR	2b. HC	DUR A
moy be	(TYPE OR	Lou	126	AG	zhes	3	RB	F			1.	2-18	8-85	-61	15 M
4 (M)	3. SEX	F	4.	Wh 17	te	5. D	ATE OF B	PAY -	1886	96	YEARS LAST BIRT	YRS.	ONTHS DAYS	HOURS	DER 24 HRS
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d with	10. CITY	OR TOWN OF DEA	TH 1 Balto)	I. NAME OF I	HOSPITAL, NI CH FACILITY, GIVE SWICK	URSING HO	OME OR C	THER INSTI	TUTION	(TYPE OF WO	OCCUPATION OF THE SE	ON FWORKING LIFE			
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completely to and 2 shall be a sh		IER'S NAME	MI	Sch	neider		15.		MAIDEN NAM	ΛE	MIDDLE	Tr	appe	AST	
medical	(YES.	S DECEASED EVER		ED FORCES? WAR OR DATES)	166. SOCIAL 215 3			Mrs.	Nels	on Pa	ADDRE			ME)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in oftending physician and completely filled in by the this certificate has been signed by the aftending physician and completely filled in by as the buriol-transit permit. Then please remave carbon papers. Pages it and 2 should be filled that and Memal Hygiene prior to buriol, cremation, or removal. acked or them 18 shaws only injury, at other traumatic event, the medical examiner must be according to the control of the contr	18	CAUSE OF DEATH W. 4370 Conditions, if ony,	AS CAUSED IMMEDIATE which	BY: CAUSE (a)		ebra	o a	thero	seles	Buch	1		APPROBETWEEN	XIMATE IN NONSET A	TERVAL ND DEATH
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AL RECOR	CERTIFICATION	o. DATE OF OPERAT	ION /	196. DOND	ITION FOR W	HICH OPER	PATION V	AS PERFOR	RMED	200 AUT	NO NO		WERE FIND ING CAUSE		ATH?
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DIVISION OF DING PHYSICIA or offending p After this certificeria e as the build- all the and Memia marked or them	WEDIC	M. INJURY OCCURR	ED		OF INJURY REET, FACTORY, O	OFFICE, FARM E		LOCATIO	N		CITY OR TO	WN OF	COUNTY		STATE
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Louise Aurel Belge ereminato Mala (Ello) cevic Hona THE SENT SENT STOTE SOLAT Dis 30 2970 Mrs. Nelson Pape, Woodlawn, MD chemism takens common vount Henry M. Jankins & sons Co. ASID York Boad Batto., VD 21212

	-	V				STATE OF MAR	YLAND				
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Ē	of the second	-	700			111/1/100	Save	LEWIS	West	ast fo	rd Con
8	of American	18	18 CAUSE OF DEATH (E)	nter only one cous	e per line for (a), (b), c	and Ici.	0	· +		BETWEEN ONS	TE INTERVAL
12	日 もきを手		PART 1. DEATH WAS C	AEDIATE CAUSE (CAR	Maryland	MKLY	Annes		House	
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vi ·	1 P P P P P P P P P P P P P P P P P P P	7	PART 2 OTHER SIGNIFIC	ANT CONDITION	NS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	N PART Tra	20-1-
ECORD	The The injury	CERTIFICATION	Little and the Control					- AW	WIA(SK	167-2	CV 5 13
0	be be	7 4	190 DATE OF OPERATION	1 19b CC	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	SUSED
2	ws me pe	Ĕ	The second second	New Disc					IN CERTIFYIN	G CAUSES OF	F DE ATH?
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Ö	SICIA ng ph certifi certifi iniol-tr	1 ×	OR CONTRIBUTING CAUSE	O DEATH	P.M.	19					
Z	PHYSICIA ending ph this certifi te buriol-ti nd Mental d or Item 1	MEDICAL	21d INJURY OCCURRED		ACE OF INJURY	211 LOCA	TION				
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DIVISION OF VITAL R	ho the		AT WORK NOT WHILE				ar.	/ 11		-	
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			226 SIGNATURE).		DEGREE				22c. DATE SIC	SNED
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	NER DE C		22d. PHYSICIAN'S NAME	LTYPE OR PRINTS		22e ADDF		DIRECTOR Title	TCIAIT L	17	, -
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	etained by TO FUNER should be a with the Sta		- MIREMA	2 4 10	AR A EXTURB	-1194	OW	ISALINON	5 DATE	W OV	121225
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Dł	HMH - 16 50M 1/81	24 F	UNERAL DIRECTOR	7	ADDRESS	14125	25a DA	TE REC'D. BY REGISTRA	R 256 DEGISTRAR	SSIGNATUR	E
	(VRA 15, 4)		GIVINDS	·XX	U665	Presto	7 SUE	U 9 - 1982	John	& Can	rela



4	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 2	3 1 2 9 3
4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	DECEASED NAME FIRST TYPE OR PRINT) SEX	AIDDLE T.	EUDANKS JR. 15. DATE OF BIRTH	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 2- 16-82 105 PA
ALC:	M	B	MONTH DAY YEAR 7- 18-06	76	MONTHS DAYS HOURS MIN.
2 29	BIRTHPLACE (STATE OF FOREIGN) COUNTRY)	b. CITIZEN OF WHAT COUNTRY? U.S.A	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH
100	Ba Himore	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 331/ Egerto		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
and the state of t	SUAL RESIDENCE (IF NURSING HOME OR OF 136 COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3311 Equa	RON Rd
300	FATHER'S NAME FRST WAHER	LAST Eubar	15 MOTHER'S MAIDEN NA FIRST Macci	MIDDLE	Finally
/ Poges		NED FORCES? 166 SOCIAL SECU WAR OR DATES) - 45 212-09-4	11 will.	Eubanks	3311 Egerton Rd
ingred by the attending the please remove catalon o bind, cremation, or re jury, or other traumatic		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	inal disease or cond	DITION GIVEN IN PART 1(a)
ane prior t	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
9 1 1	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (IF EITHER NOTE'S MEDICAL EXAMINER) 21d. INJURY OCCURRED WILE NOT WHILE AT MORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F	19 211 LOCATION	RED (ENTER NATURE OF INJUR	
e Dept. of Health	220 I certify that (1) (this haspite	oil) attended the deceased fram	DEGREE ATTENDING	death accurred an the da	ote and haur and from the causes stated 22c. DATE SIGNED
WPORTANT	22d PHYSICIAN'S NAME (TYPE OR	PRINT) ESSZIII	22e ADDRESS	DIRECTOR PHYSIC	0: 31
2	BURIAL, CREMATION, REMOVAL (SPECIAL)	236. DATE 236 N	PANE OF CEMETERY OR CREMATORY PROWNS VILLE 1950 DATE	23d. LOCATION CITY OF TOWN E REC'D. BY REGISTRAN	USVILLE COUNTY MILE 256. BEGISTRAR'S SIGNATURE.



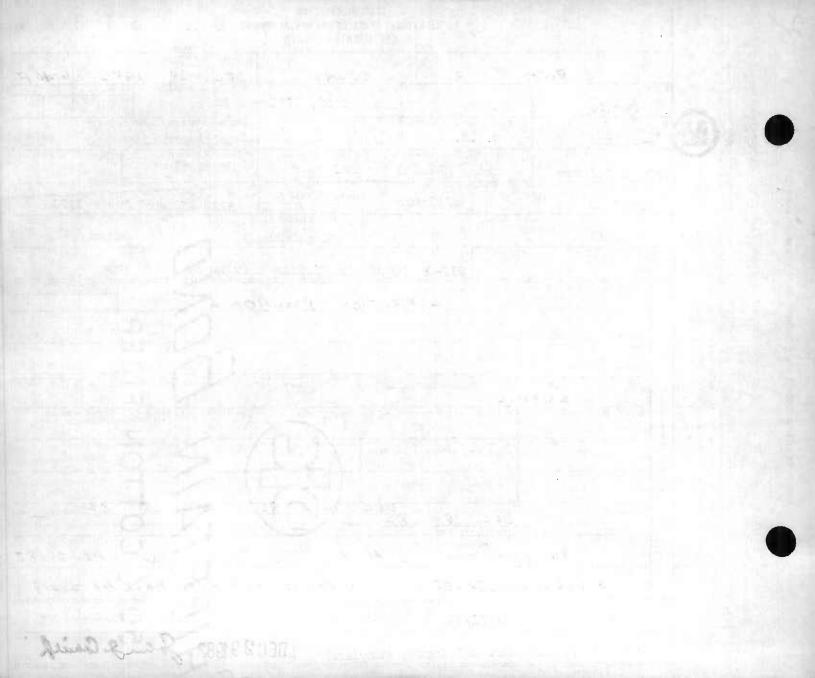
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

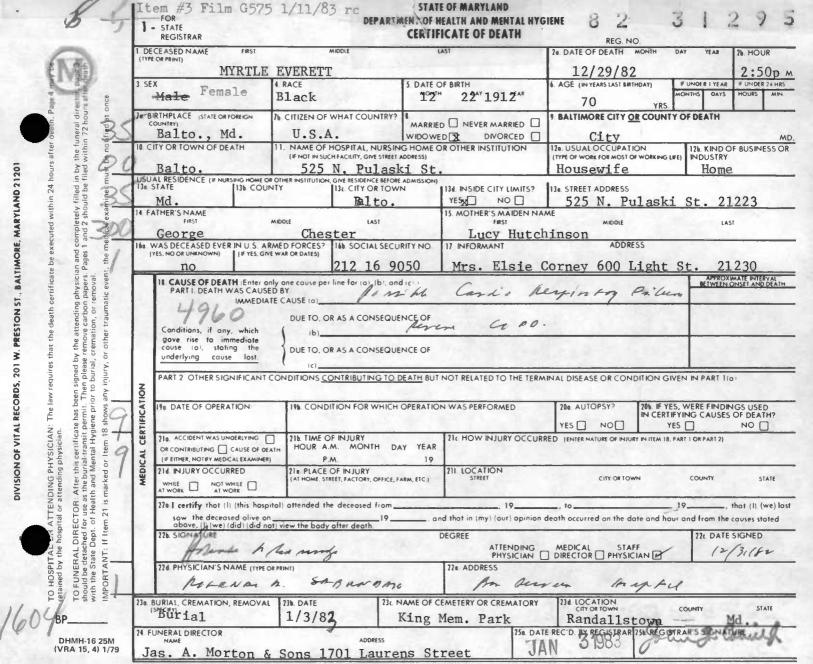
REGISTRAR				CEKITE	ICATE OF DEATH		REG. NO.		
I. DECEASED NAME	FIRST		MIDDLE	- i	AST	20. DATE OF DE		H DAY YEAR	2b HOUR
(TYPE OR PRINT)	RUIT	1	R.	E	EVANS	DEC.	28	1982	6:40 Pu
3. SEX	14001	4 RACE		5. DATE C		6. AGE (IN YEAR			The state of the s
Female		White	9	octo.	ber 31, 1891	91		MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D & NEVER MARRIED	9 BALTIMORE	CITY OR CO	UNTY OF DEATH	
Maryland		U.S.	.A.	WIDOWE		Balti	more (City	MD
CITY OR TOWN O	more	Nort!	h Charle	s Gen	eral Hosp	120 USUAL OC			OF BUSINESS OR
JSUAL RESIDENCE II 130 STATE Maryland	13P CON	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltimor		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADI 5112	RESS Richa :	rd Ave	21214
14 FATHER'S NAME FIRST Jacob		MIDDLE S	Rogers		15 MOTHER'S MAIDEN NA Elizabeth		IDDLE	Jones	IST
I 60 WAS DECEASED		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
NO.	(IF TES, GIV	E WAR OR DATES!	213-10-3	3073B	Mr William H	H Evans	Sr	Same	
PART 2 OTHER	immediate stating the couse lost	ONDITIONS CO	R AS A CONSEQUE		NOT RELATED TO THE TERM	MNAL DISEASE O	r conditio	N GIVEN IN PART I	(a)
NO DATE OF OIL		19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		IF YES, WERE FINDI CERTIFYING CAUSES YES	S OF DEATH?
OR CONTRIBUTING	AS UNDERLYING COMMENTED COURED OT WHILE COMMENTED	P.	m. month da m.	19	21c. HOW INJURY OCCURI 211. LOCATION STREET	RED (ENTER NATUR			NO STATE
220.1 certify the	at (I) (this hospit eceased alive an we) (did) (did not E	DEC.	ofter death.		nd that in (my) (our) opinion	death occurred o		22c. DATE	SIGNED
and an invention	S NAME LIYPE OF	jariso.	rue -	H	. D. ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN (12.	- 28-82
	- VERGA	,	ARES		N. CHAPLES	SEN. HO	SP. B.	ALT. MD.	2/2/8
230. BURIAL, CREMAT (SPECIEY) Burial	ION, REMOVAL	23b. DATE 12/31			EMETERY OR CREMATORY n Park	23d. LOCATIO		. Maryland	STATE

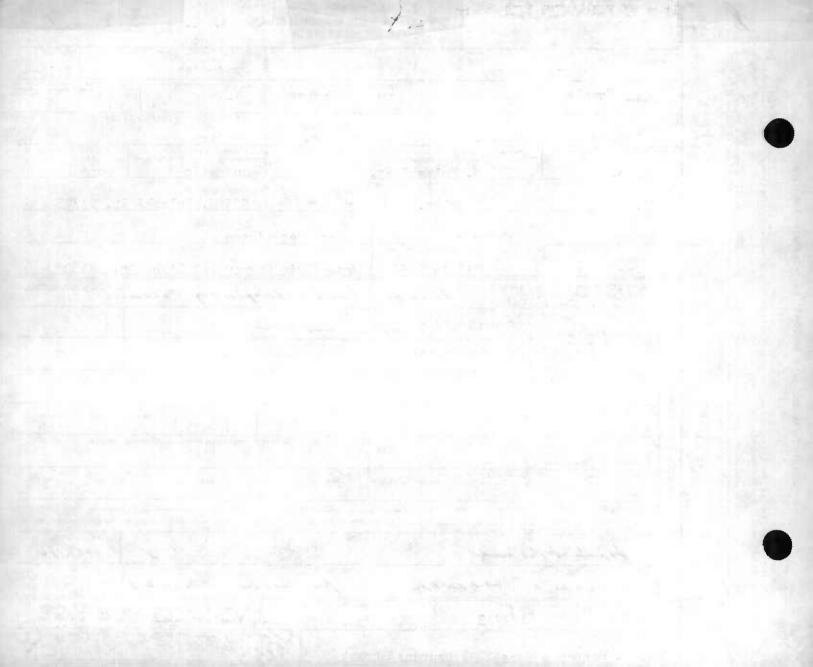
24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE

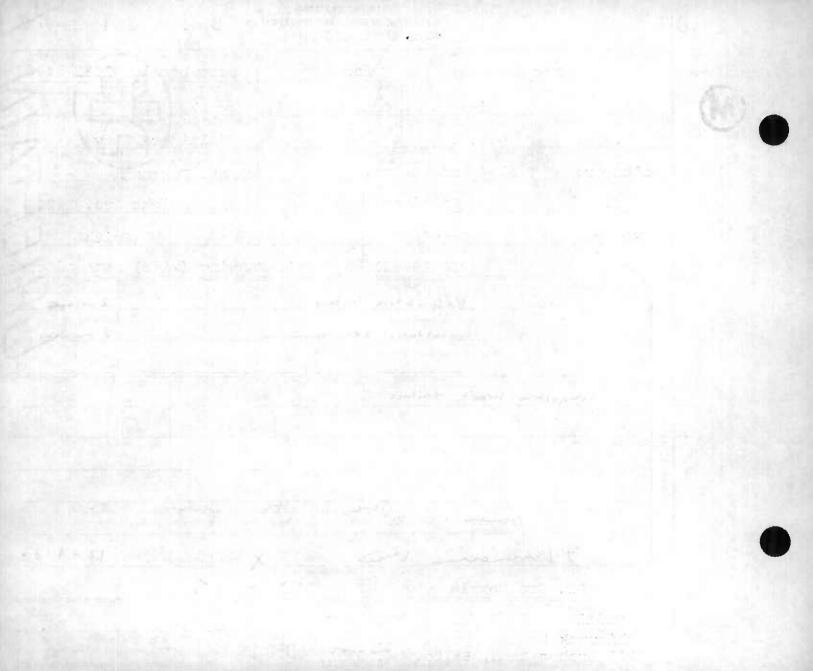
Leonard J Ruck Inc. Baltimore, Maryland



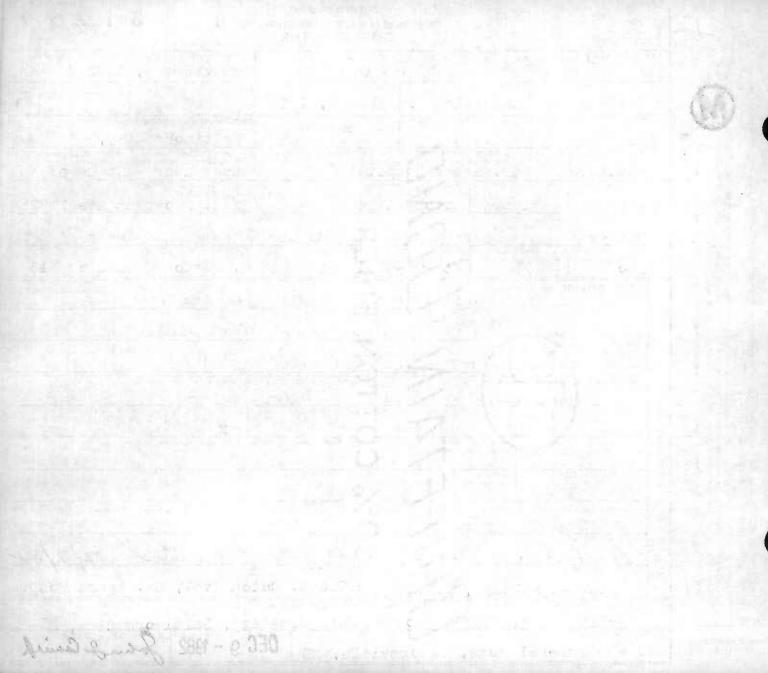




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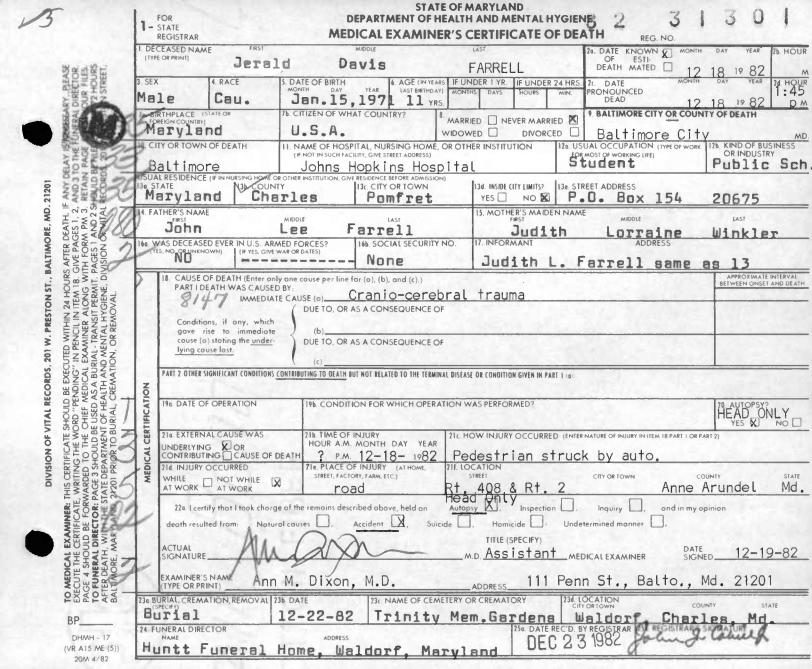


w /	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA CATE OF DEATH		NE 8 2	3	3 1 2	2 9 8
mom	I. DECEASED NAM			MIDDLE	17	sī		20. DATE OF DEATH		DAY YEAR	26. HOUR A
00		GEOR	GE	3.	FA	NTIS		DECEMBER		1982	1:00 M
2	3. SEX Male		White		5. DATE O	F BIRTH DAY YEA 4 26	AR .	. AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER 1 YEAR	HOURS MIN.
9 - 11 a	70. BIRTHPLACE (TATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIE	р П ⁹	BALTIMORE CITY OF	R COUNTY	OF DEATH	
100	Greece		Greece		WIDOWE	DIVORCED	D	BALTIM	ORE (CITY	MD.
0 375	10 CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTIO		20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR
	BALT		THE JO	OHNS HOL	KINS	HOSPITA		Tailor		Cloth	ing
RYLAND 212	USUAL RESIDENCE 130 STATE Md.	(IF NURSING HOME C	R OTHER INSTITUTION	Baltimo	E ADMISSION) I'N L'E	13d. INSIDE CITY LIMI YES X NO		728 S. Old	ham S	treet	21224
MARYLA ed within mplerely and 2 sh examiner	Sterge		MIDDLE	Fantis		15. MOTHER'S MAIDE Flora	a	MIDDLE		lAS	
oe execut nn and ca Pages 1	160 WAS DECEASE (YES NO OR UNKN NO		RMED FORCES? IVE WAR OR DATES)	166, SOCIAL SECT 213-70-2	2533	Mrs. Penel	Lope	Fantis, 72 Ba	8 S. (Itimo	Oldham re, Md.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B NG PHYSICIAN: The law requires that the death certifica- attending physician. After this certificate has been signed by the attending phys as the burial-transit permit. Then please remove carbon pay th and Mental Hygiene prior to burial, cremation, or remove arked at Item 18 shows any injury, or ather traumatic event,	Conditions, gave rise cause (a), underlying PART 2 OTH PART 3 OTH PART 3 OTH PART 3 OTH PART 4 OTH PART 4 OTH PART 5 OTH PART 5 OTH PART 6 OTH PART 6 OTH PART 7 OTH PART 7 OTH PART 7 OTH PART 7 OTH PART 8 OTH PART 9 OTH	if any, which to immediate stating the cause last. ER SIGNIFICANT HAJ BOY OPERATION WAS UNDERLYING OPERATION WAS UNDERLYING THE CAUSE OF DITTEY MEDICAL EXAMINITY MEDICAL E	DUE TO, O DUE TO, O CONDITIONS CO 19b. COND 21b. TIME O HOUR A.	TION FOR WHICH	ENCE OF DEATH BUT	N WAS PERFORMED		PAL DISEASE OR COND 200 AUTOPSY? YES NO D CENTER NATURE OF INJUR	20b. IF YES IN CERTIF YES	EN IN PART 116 , WERE FINDIN YING CAUSES S	NGS USED
DIVISION TO HOSPITAL OR ATTENDING PHY: retained by the haspital or attending TO FUNERAL DIRECTOR: After this should be detached for use as the but with the State Dept. of Health and M. IMPORTANT: If them 21 is marked or	sow the abave, { 22b. SIGNAT	NOT WHILE AT WORK that (I) (this has deceased alive or oliver) (did) (did not be a like) AN'S NAME ITYPE	oital) attended in	eislei	/2 52_, an	DEGREE ATTEND PHYSIC 22. ADDRESS	Hopk	CITY OR TOV CITY OR TOV CONTROL OF THE DIRECTOR PHYSIC CAN HOS	ote and hour	22c. DATE	
1/11/20	(SPEGEN) Buria	TON, KEMOVA	12-30			n Cemetery		CITY OR TOWN	D = 7	COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECT	TOR	news, 302		n Ave	25	So. DATE	prog		Ltimore RAR'S SIGNAT 	



tot	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 3 1 3 0 0	
p p p p p p p p p p p p p p p p p p p		CEASED NAME FRST E OR PRINT) JAME	MIDDLE .	FARNER	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 12 /5 82 12:24 AM	
ge 4 moy be ector, poge 3 rs ofter death	3. SE		4. RACE CALLERSIAN	S. DATE OF BIRTH MONTH 12 16 23	6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
nerol dir in 72 hou	≱d′ B	IRTHPLACE (STATE OR FOREIGN COUNTRY) U. S.A.	76 CITIZEN OF WHAT COUNTRY		RAITIMORE CITY OR COUNTY OF DEATH	
s offer d		BALTO	S. Balto. Gene	ral Hospital	Maint. Man Walker	
24 (M) 3	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		WN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS Faich over Ave	
and within		ATHER'S NAME Glenn		NER MATHER'S MAIDEN FIRST ARY	E. Lowry	
be execu		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) JIE YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 220-18	ا دم دور ا	Farner 3708 Fairhaven Ave.	
iquires that the death certificates is a signed by the attending physic her please remove carbon paper to burial, cremation, or removal niury, or other fraumatic event, it	NO	Conditions, if ony, which gove rise to immediate cause IOI, stoling the underlying cause lost	ly one couse per line for (0), (b), od D BY. E CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	MATRICIA ONLY AND TEAM WELLING RMINAL DISEASE OR CONDITION GIVEN IN PART 110	
The low residual to the second state has been as the main permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES YES NO	
DING PHYSICIAN or attending physician or attending physician after this certificate of the burial-tro-olth and Mental Hymanked or Item 18	MEDICAL CERTIF			P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	PARY YEAR 19 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He WAPORTANT: if Irem 21 is		sow the deceosed olive on obove, (I) (we) (did) (did no 276 GGNATURE) Aud A Lister (Type of David Physician's Hame Live of David Add Aistern of David Aister	t) view the body ofter deoth.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS SBGH		
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) burial	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR Glen Haven Cem.	CITY OR TOWN COUNTY STATE	
565 (VRA 15, 4)		eorge J. Gond	altimore Md.	21225 25o. D	DEC 20 1982 John & Comment	

Control of the second of the s American Property and and the contract of the and the second s SHAN THANK IN LONG I WOLL HOLD TO THE SHANNING MANY Purich | 12/16/88 | len evra Cen. | Plan purple naglmo.21061 With the second with the second almost a 1004 bonoe, b eggap



elvis 11 Ker 21. nvC .us3 alest dos olidos dominada x f.L. tox 15k 20675 reremed | Legion | Poster a deline internal direct Il an ames Harraical dribus 17-22-82 Trinity Mam, Serdens Luciforf, Charles, itd. Lunck Ligger at Hore, Lainte, Laryland STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FARRELL 20. DATE OF DEATH MONTH 2b. HOUR 1982 2 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS COYRS BALTIMORE CITY OR COUNTY OF DEATH RALTMORE 12a USUAL OCCUPATION 17h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1738 McKean Ave 15 MOTHER'S MAIDEN NAME MIDDLE Hargett ADDRESS Maggie L. Farrell 1738 McKean Avenue INFARCTION MINUTES PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (page) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN

Md. Veteran Cem.

23d LOCATION

Crownsville 25a. DATE REC'D. BY REGISTRARYS. REGISTRAR'S SIGNATURE

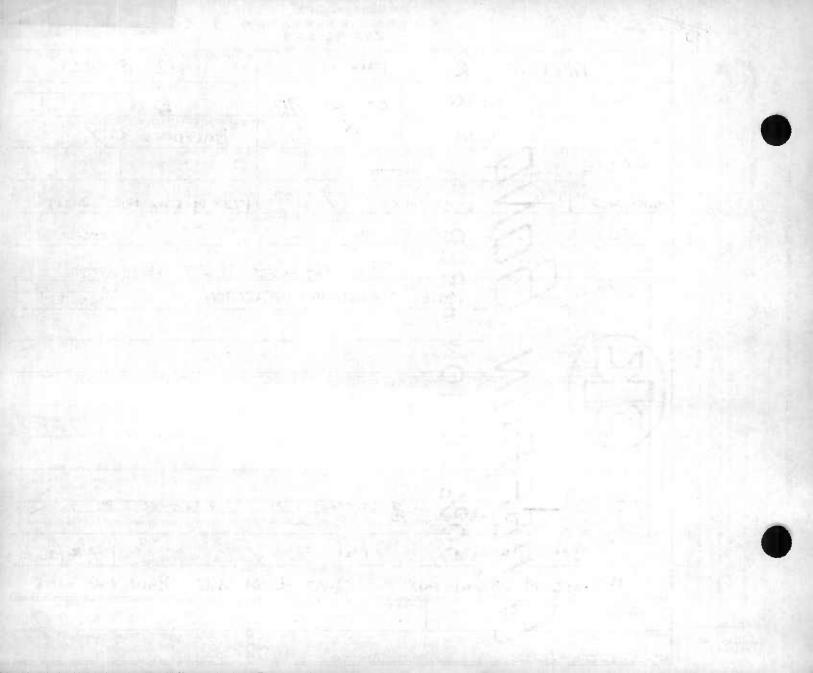
Wm. C. March F/H Inc. 1101 E. North Avenue

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR

CITY OR TOWN

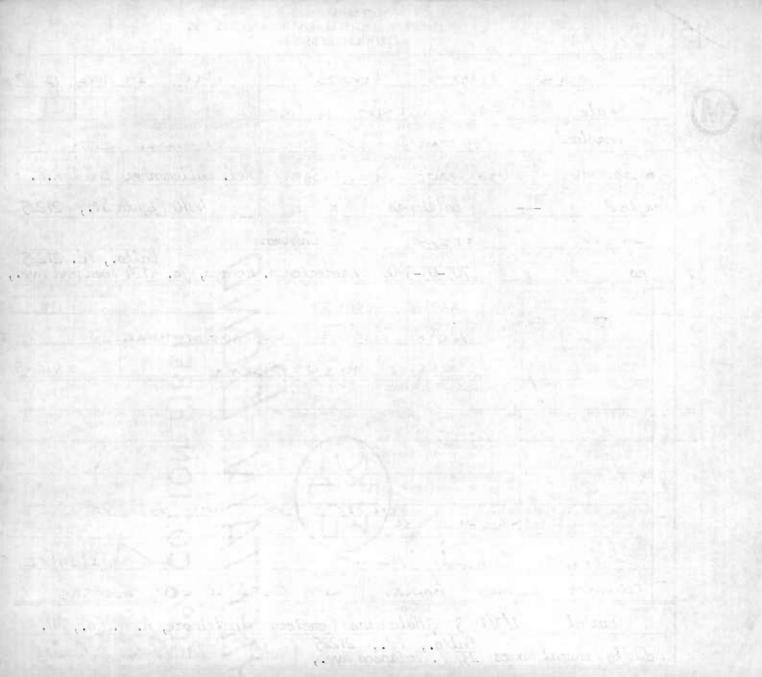
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	/		CEASED NAME FIRST	WIDDLE	100	AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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4	20		MALE	WHITE	DEC		60 YRS.	MONTHS DAYS HOURS MIN.
o d	5 2	7a. E	IRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED		Y OF DEATH
So H	1 (8) 12		NEW YORK	USA	WIDOW		DATESTANDE OF	TY
9	the state	₫ 10. C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS	ING HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
o office	led th	1	BALTIMORE	ST. AGNES H	OSPITA	L	(TYPE OF WORK FOR MOST OF WORKING &	TAXI CAB
2120 hours	be fr	OST	IAL RESIDENCE HE NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		ADT	• T-4
MARYLAND	The second	2	MARYLAND BAI	TIMORE RANDAL		YES X NO	3450 CARRIAGE	HILL CIR. 21133
RYL vithi	2 s	14. F	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN N.	AME	PAST
AM be	Duo L		AARON	FEILER		PEARL	MIDDLE	GOTTLIEB
RE,	licol	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ARS. GLORIAR EILE	R APT. T-4
BALTIMORE,	Pag.	D	(YES, NO OR UNKNOWN) (IF YES, G	057-18-	2200	3450 CARRIA	AGE HILL CIR. RAN	DALLSTOWN, MD
SALT	pers al.		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b),	and (c).)	11	2143	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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× .	othe	100	underlying cause last.	DUE TO, OR AS A CONSEC	UENCEOF		V	
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DIVISION OF VITAL RECORDS, NG PHYSCLANG The low required on the control of the co	Then Then to b	NO.						
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I RE lo	en en e	Ē						IFYING CAUSES OF DEATH?
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A AT A PASS	pt. o	1	22b. SIGNATURE	ot) view the body after death.	1 1	DEGREE		224. DATE SIGNED
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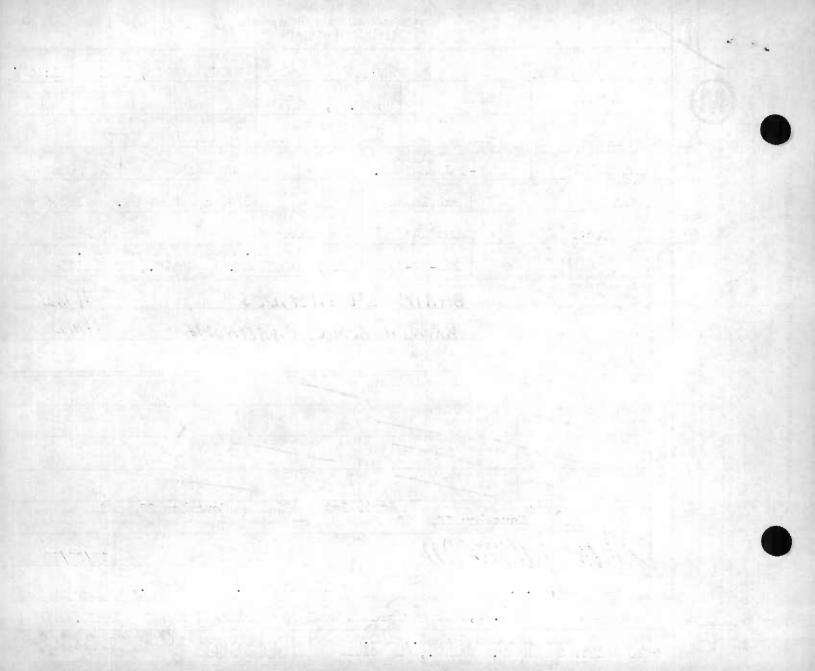
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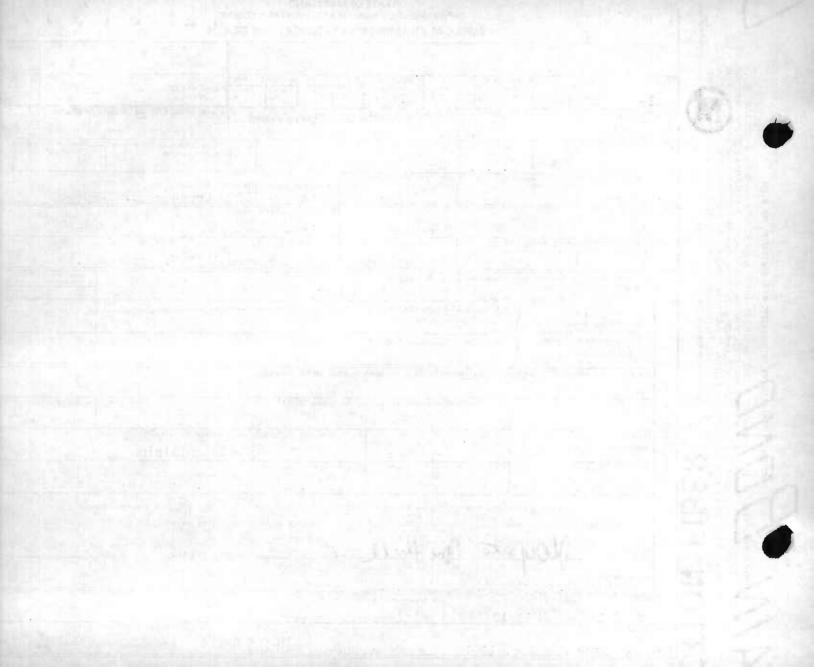
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAME	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS REESSARY PLEATED TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE WORD" FROIL IN TEM. 18. GIVE PAGES 1, 2, AND 3 TO THE SHEAF UNGLINE ALONG WITH FORM PM. 3. RETAIN PAGE 1. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FILLED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 FOR BACTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RECESSARY HEAGE TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE WOORD "PENDING" IN PENDING IN IT EAST OF THE CHEEK DEATH. IF ANY DELAY IS RECESSARY HEAGE TO FUNERAL DIRECTION: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BF PILED AFTER DEATH, WITH THE STATE DEPARYMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIDAL RECORDS, 201 BACTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. ARE STATED TO FUNERAL DIRECTION: THE CHEMATION OR REMOVAL. BACTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. ARE STATED TO FUNERAL DIRECTION. ARE STATED TO FUNE TO FUNERAL DIRECTION. ARE STATED TO FUNE TO FUN	TO FUNERAL DIRECTOR SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IN CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IN CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IN CALL ON THE CRETIFICATE SHOULD BE CREATED BY SHOULD BE CONTRACT OF THE CHIEF MEDICAL EXAMINER ALONG WITH PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMI	TO THE CONTRIBUTION OF DEATH BOUND BE CAUGH TO THE WARNING THE STATE OF THE MEDICAL EXAMINER. THE CERTIFICATE SHAME THE CERTIFICATE SHAME THE CERTIFICATE SHAME THE CONTRIBUTION OF DEATH BALT I MORE BLACK MARY LAND MARY LAND THE WAS DECEASED EVER IN U. S. AF THE STATE OF THE WORD THE WAS DECEASED EVER IN U. S. AF THE STATE OF THE WORD THE WAS DECEASED EVER IN U. S. AF THE STATE OF THE WORD THE WAS DECEASED EVER IN U. S. AF THE STATE OF THE WORD THE WAS DECEASED EVER IN U. S. AF THE STATE OF THE WORD TH	TO THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	The State Registrar Deceased Name Pirist	The Company of the Control of the Co	The STATE REGISTRAR I. DECEASED NAME INTEGRATED TO THE STATE OF THE S	DECEASED NAME (THE OR PRINCIPLE OF MADE) REGISTAR NAME (THE OR PRINCIPLE OF MADE) SEE A RACE S. DATE OF BIRTH MODIFIED OF MADE LOST LOST MODIFIED OF MADE LOST LOS	MEDICAL EXAMINER'S CERTIFICATE OF DI NOTIFICATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME	STATE RECISTRAR RECISTRA	Table Redistrar Redistra	STATE REGISTRANCE TRUE TRUE

STATE OF MAKTLAND



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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir othending physician. Ifter this certificate has been sig os the burial-tronsit permit. Then th and Mental Hygiene prior to be find on them 18 shows ony injury	CERTIFICATION	DATE OF OPER	ATION	19b. CON	DITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED 5 OF DEATH?
N OF VITAL SICIAN: The ng physicia certificate build-tronsit vental Hygie fem 18 sho		B. ACCIDENT WAS U	CAUSE OF DEATH	HOUR	OF INJURY A.M. MONTH [P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)	
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TTENDIN TTENDIN TTOR: Aft for use as of Health		a. I certify that (1) this hospiral	Dece	the deceased from	0.0	d that in (my (our) opinion	death accurred on the			that (I) (we) last
AL OR A AL DIREC detached detached detached detached detached	22	b. SIGNATURE	M F	mellon	1. 40		PEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF CIAN	22c. DATE	SIGNED
A HOSSELL	22	d. PHYSICIAN'S I		riedla	nder, M.	0.	Mercy Hospi	tal ,301 St.	Paul St.	Balti	may, Md
765 BP		IAL, CREMATION	N, REMOVAL	23b. DATE /2-/	4-82 230	HAME OF CE	METERY OR CREMATORY REDERHER	236. LOCATION CITY OR TOWN	Basto	county	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNI	RAL DIRECTOR	fun	eral	/ ADDRESS	-263	25a. DA1	C 1 4 1982	25b R G 10 R	AR'S STANA	shulf

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FOR STATE REGISTRAR		DEPARTI	STATE OF MENT OF HEALT CERTIFICAT	H AND A	MENTAL HYG	IENE &	3 2 REG. 1	NO.	3	1
DECEASED NAME	FIRST	MIDDLE	LAST			2a. DATE	OF DEATH	MONTH	DAY	YEAR
THE OR PRINTY	Andre	ew W	Fields					12	3	82
SEX		4 RACE	5 DATE OF BIR	TH		6. AGE (N YEARS LAST B	SIRTHDAY)	IF t	UNDER 1 YEA
male		Black	4	24	08		7	YRS	S MON	ATHS DAT
BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED -	NEVED A	ABBIED []	9 BALTIN	ORE CITY	OR COUN	ITY O	DEATH
Vayne Co,	, NC	USA	WIDOWED		ORCED	Bal	timor	e cit	ty	
CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OT	HER INST	ITUTION	12a USUA	LOCCUPA	TION		12b. KIND

OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospftal JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION
30. STATE 136 COUNTY 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2786 The Alameda 21218 YES X NO [15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sudie Andrew Fields Williams 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** NO. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 240-54-1561 Eunice Ward 2786 T he Alameda CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION

CITY OR TOWN COUNTY STATE

22a.1 certify that (i) Ithis hospital) attended the deceased from sow the deceased alive on obove (1) (we) (did) (did not) view the body after death. and that in my (our) opinion death occurred on the date and hour and from the causes stated 77. SIGNATURE 22c. DATE SIGNED

STREET

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

(SPECIFY) BURIAL 12/9/82

Rest Haven Cem

CITY OR TOWN Wilson

COUNTY

24 FUNERAL DIRECTOR

Wm.C.March F/H Inc.1101 E.North Avenue

DHMH - 16:50M T/81 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				47		
				Sector		

FOR

REGISTRAR

FIR51

1. DECEASED NAME

- STATE

(VRA 15, 4)

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126. KIND OF BUSINESS OR Comm. Operator 415 W. Maple Road 21090 Sparrow Norma L. Fink 514 W. Maple Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN LOCH RAVEN BLVD. BLTO. MD 21218 Howard Meadowridge Memorial Elkridge 12/30/82 MaryTand 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21229 DHMH - 16 50M 4/82 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2b. HOUR

82

IF UNDER 1 YEAR

28

1:35A

IF UNDER 24 HRS

20. DATE OF DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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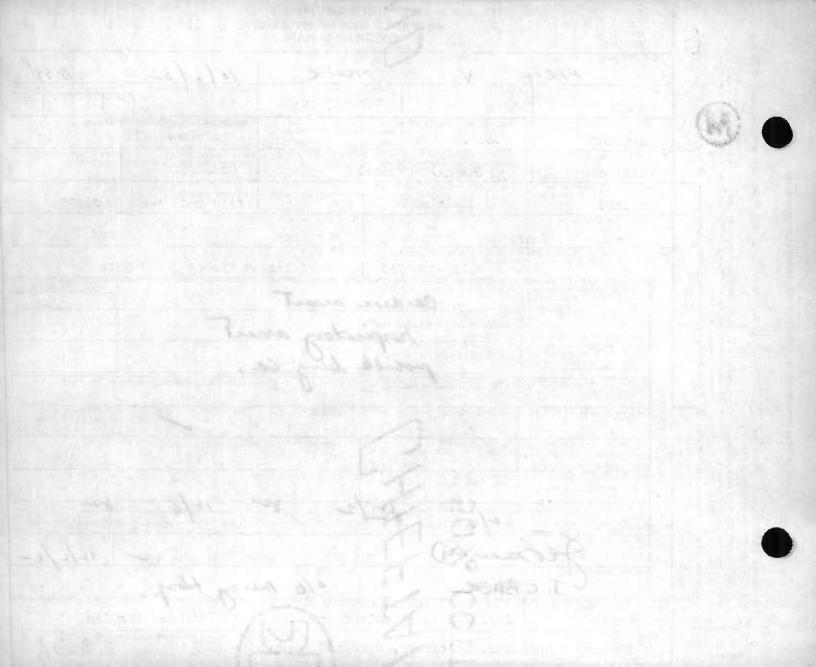
DIVISION OF VITAL RECORDS,

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. 4	3. SE.	X .	4. RACE	5. DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	W	Male	Black	July Z	3.197,5	57 YRS		
	1	RTHPLACE (STATE OR FOREIGN COUNTRY) BHIMORE Md	76. CITIZEN OF WHAT COUNT	MARRIED NEV	ER MARRIED DIVORCED	BALTIMORE CITY OR COUN BALTIMORE		MD
offer st	10, C	BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER TREET ADDRESS)	INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126. KIND OF BU	JSINESS OR
201	11811	AL RESIDENCE (IF NURSING HOME O	THE JOHNS	HOPKINS HO	OSPITAL	I NISABILTY		
MARYLAND 21201 ed within 24 hours c mpletely filled in by and 2 should be file examines and being	130.	ATY I AND 136. COU	NTY 13c CITY OR	TOWN 134 INSI	DE CITY LIMITS?	130 STREET ADDRESS ZOI No TBrozo	dway	
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MAN De age of the second	5	amuel Edge	or Finney	Sr Be	rtha	Henderson	LAST	
		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	SECURITY NO. 17. INFO		ADDRESS		
BALTIMORE, cote be executory sicion and coppers, loges with the medical mi, the mi, the minute mi	(.	res, no or unknown) (IF YES, GI	VE WAR OR DATES)	Miss	Mario	y Finney ZZZ9 Re	estertown	r Rd
P de icio			nly one couse per line far (a), (b		7 (22-70)	22-21/10	APPROXIMATE BETWEEN ONSE	INTERVAL
		PART I. DEATH WAS CAUSI	ED BY:	estanas	Donal		BEI WEEN ONSE	TANDUEATH
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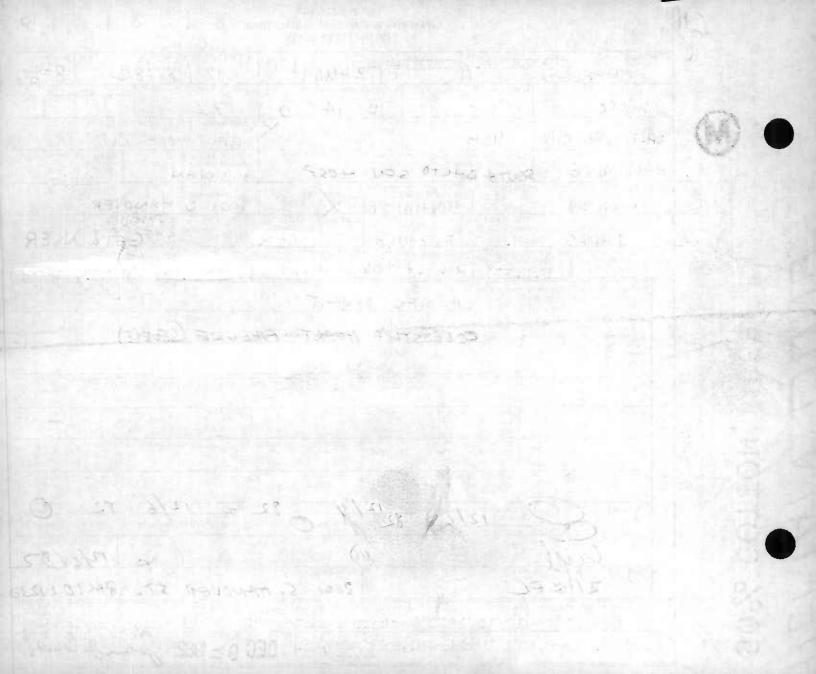
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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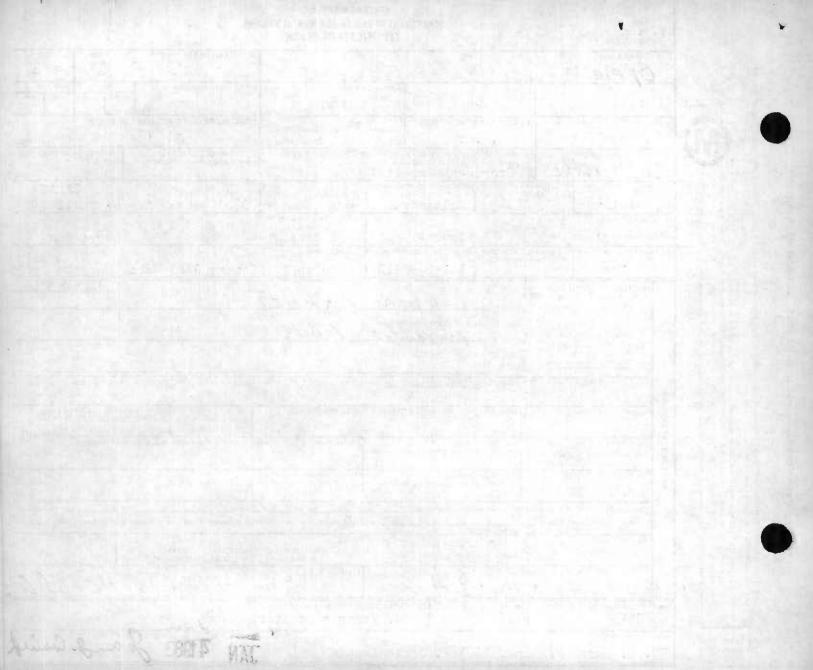
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

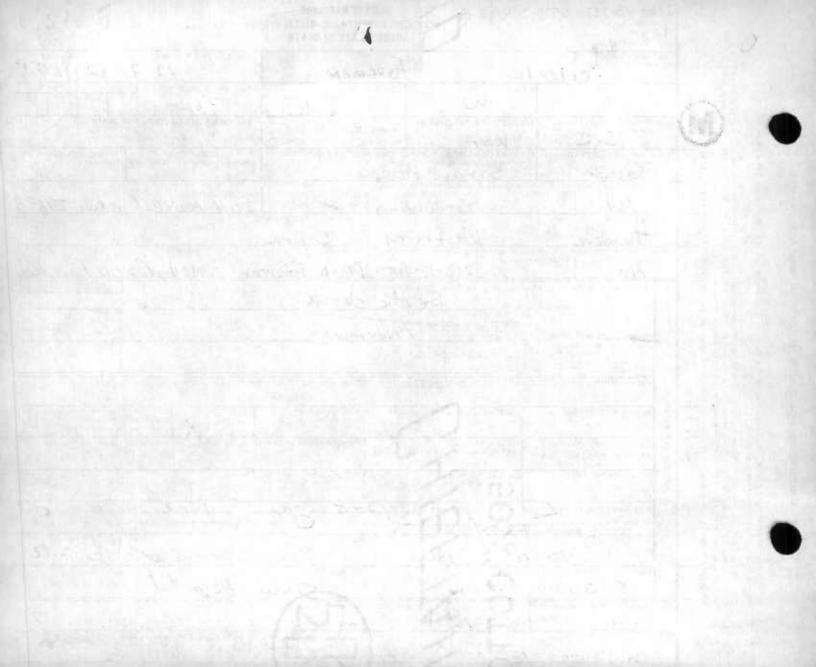
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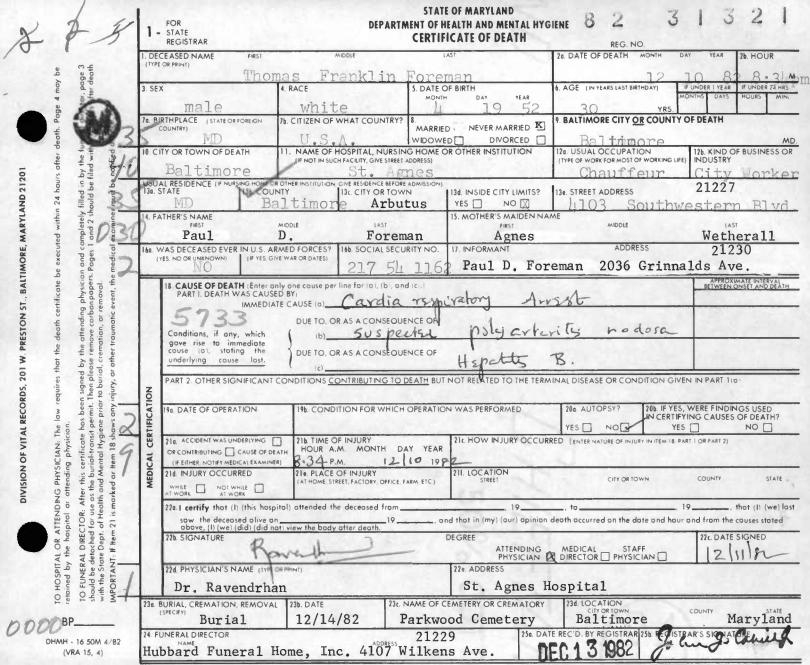
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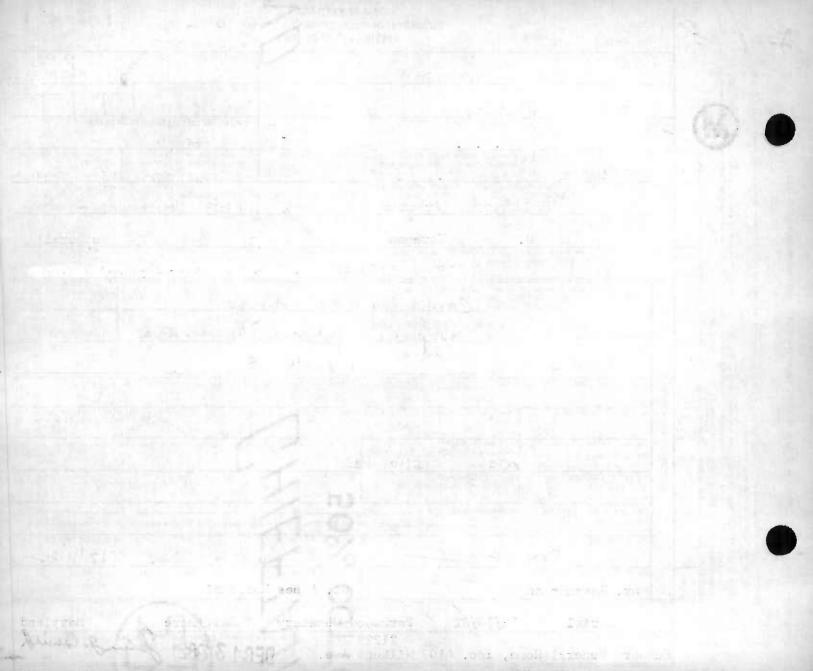


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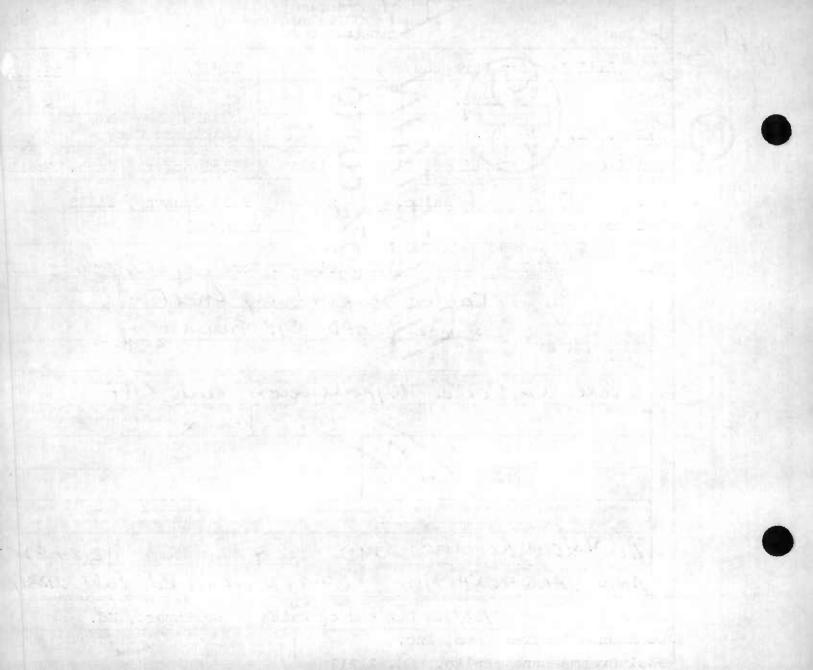
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 2a DATE OF DEATH I. DECEASED NAME FIRST MONTH 26 HOUR LTYPE OR PRINTI 12-08-82 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
house-wife INDUSTRY home 130 STREET ADDRESS 1407 Dundalk Avenue 21222 MIDDLE Borkowicz F. Luthervolle ADMaryland 809 Branford Circle Eleanor Heiderman (b) ACUTE PULMONARY FDEMA CARDIOGENIC SHOCK PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 12-08- and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated 220 DATE SIGNED STAFF BROADWAY BALTIMORE, MARYLAND 21231 23d LOCATION CITY OR TOWN COUNTY STATE Baltimore Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIAN 24. FUNERAL DIRECTOR DEC 16 Walter Dabrowski 1005 Dundalk Ave

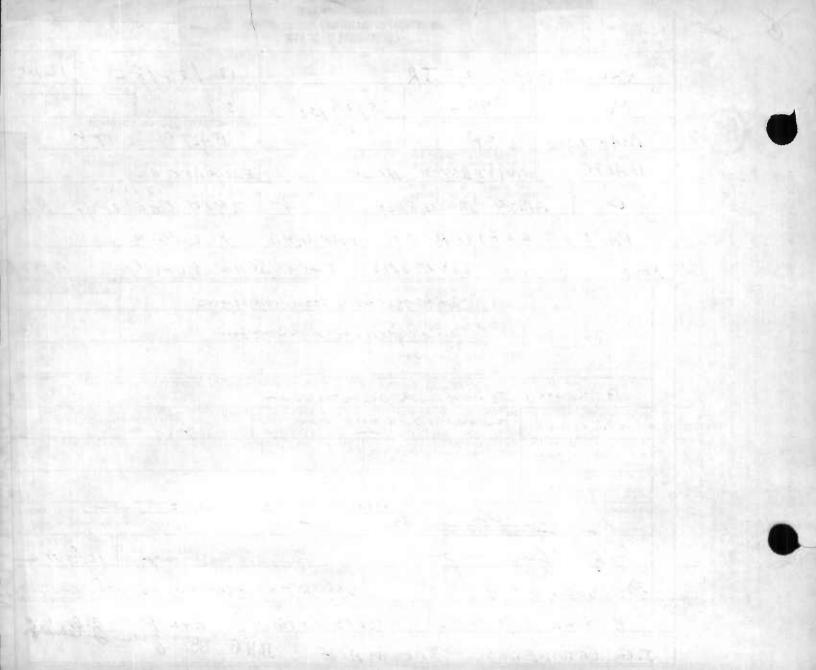
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が海		35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT 0.	CITY MD.
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	VRA 15, 4)		4	J.G. COIVN	FLLY 300	MACE JI	AND 1983	



Leonard J Ruck Inc. Baltimore, Maryland

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

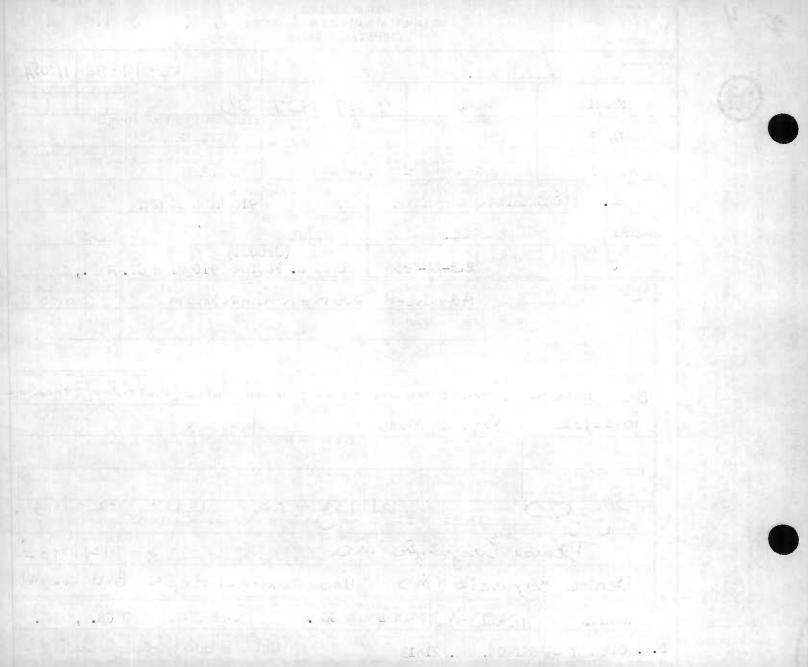
CERTIFICATE OF DEATH

REG. NO.

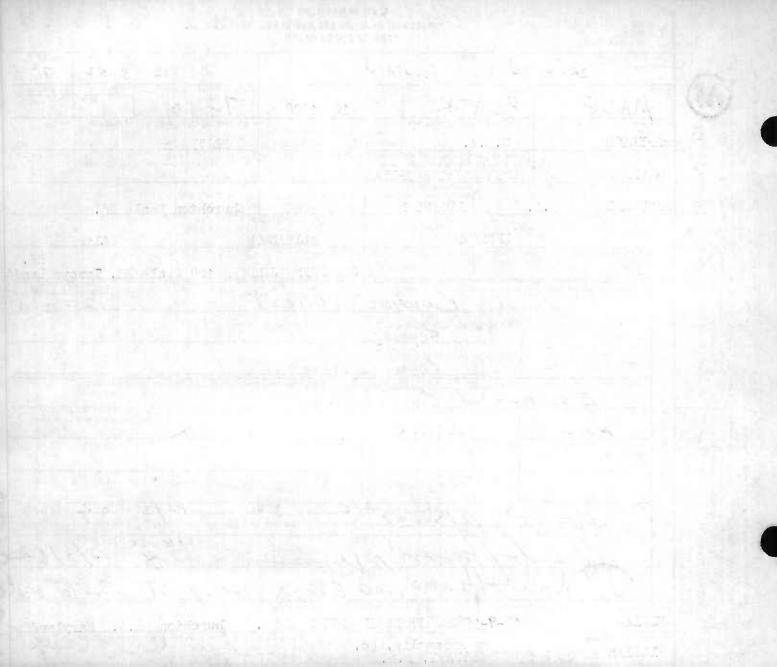
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12/23/02				

	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	5 1 0 2.
		CEASED NAME FIRST	WIDDIE	LAST		ONTH DAY YEAR 26. HOUR
nay be page \$1 er death	11	Kate	Bell	Foster	12/13/8	2 2 18
4 %4	3. SEX	Female	4 RACE White	5. DATE OF BIRTH April 7, 9910 YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.
Page - I directed hours of		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR	
B TO	>	Virginia	USA	WIDOWED DIVORCED	Baltimor	
	5	Baltimore	I IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	
nhi &	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ins Hospital RE ADMISSION)		Medal Mark Co-
filled should be All	5 M		1. (o. Glen but	VN 13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	360 CORR RO	l.Glen Burnie, Md. 2
Competely (20	Dorsey	MIDDLE Sealach		MIDDLE	Wright
execution of the second of the		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		ADDRES	S
rificate be e		No	227-18-1	4165 Evelyn Pains	ter, Same asa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
requires that the death certifical sen signed by the attending phys it. Then please remove carbonipal jor to burial, cremation, or remove by the year of the second of the	NOIL	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (Herminal DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	
0 = = =	H 467 h	19. DATE OF OPERATION	10k CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20h IF YES WERE FINDINGS LISED
3 0 5 2 -	RTIFICA	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IN: The law hysician. Incate has be roomed by the constitution of	CAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCUR		IN CERTIFYING CAUSES OF DEATH? YES NO NO
N: The law hysician. I have has be ransit perm Hygiene pr Hygiene	MEDICAL CERTIFICA	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	21c. HOW INJURY OCCUR 19 21i. LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO I
TIENDING PHYSICIAN: The low pitol or offending physician. TOR: After this certificate has be for use as the build-transit perm of Health and Mental Hygiene profit Health and Mental Hygiene profits A&Sed Non Weeth		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hasping to back, (1)) (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PAY YEAR 19 211. LOCATION STREET 12/2/12 , ond that in (my) (our) apinion	YES NO CITY OR TOWN	IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 19, 19, that (I) (we) e and hour and from the causes stated
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HOSPITAL OR ATTENDING PHYSICIAN: The low med by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has by old be detached for use as the build-transit perm in the State Dept. of Health and Mental Hygiene professor Carlon State Dept. of Health and Mental Hygiene professor Carlon State Carlo	MEDICAL MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (II (this haspi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGN ATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I ital) attended the deceased from 2150 19 ph view the body offer death. 227 M2 23b. DATE 23c. 1	PAY YEAR 19 21f. HOW INJURY OCCUR 19 21f. LOCATION STREET , and that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN	YES NO CITY OF TOWN CITY OF TOWN death accurred on the data	IN CERTIFYING CAUSES OF DEATH? YES NO STATE NO STATE COUNTY STATE 19 , that (I) (we) to and hour and from the causes stated 22t. DATE SIGNED 12/3/82

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	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYO TIFICATE OF DEATH	GIENE 8 2 3	3 1 3 2 9
0 m.e	1. DECEASED NAME FI	INSTON FOUNTAI	J ^{AST}	20. DATE OF DEATH MONTH	3 82 7 7
4 moy	3. SEX MALE	4. RACE 5. DAT	E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 74 VIO. YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ter death. Pag he funeral dir within 72 ho	MARYLAND	U.S.A. WIDO	RIED NEVER MARRIED WED DIVORCED	9. BALTIMORE CITY OR COUNT BALTT MORE	MD.
S S S S S S S S S S S S S S S S S S S	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNIVERSITY HOSPITA	L	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
LAND 213 nin 24 hau ly filled in should be	MARYLAND 131	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OF TOWN CHURCHTON	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Churchton Deal	e Rd.
MARY and 2	14. FATHER'S NAME FIRST	MIDDLE UNKNOWN	15. MOTHER'S MAIDEN NA FIRST ELIZABE	MIDDLE	OLIVER
be execu	160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) { IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)		ADDRESS HNSON 104 Deale	
es that the death certificate by the attending phyplease remove corbang viral, cremation, or rema	Canditions, if any, wh gave rise to immedicate (a), stating underlying cause li	DUE TO, OR AS A CONSEQUENCE O	s s nonia	AINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 m/n
ECORDS ow requirements in the prior to ony injurements in the prior to ony injurements in the prior to one in the prior to one injurements in the prior to on	190. DATE OF OPERATION None 210. ACCIDENT WAS UNDERLY	196 CONDITION FOR WHICH OPERA Won 8		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO
IVISION OF VITAL R. IG PHYSICIAN: The la oftending physician. fer this certificate has s the build-transit per tand Mental Hygiene rand Mental Hygiene red or frem 18 shows	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE	E OF DEATH XAMINER) HOUR A.M. MONTH DAY YE. P.M. 210. PLACE OF INJURY LAI HOME STREET FACTORY OFFICE FARM FTC.	9 211. LOCATION	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDING Pretained by the hospital or after the should be detached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked	22x I certify that () this saw the page to	s hospital attended the deceyted from the an including the body attended to the second	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [122e ADDRESS	death occurred on the date and had been staff birector Physician Staff	
BP Short Sho	230 BURIAL, CREMATION, REA	12-9-1982 FRANKI	F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Churchton A	county state A. Marvland
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR WILLIAM REESE	Annapolis, & SUNS MORTUARY, P.A.	Md. 250. DA	TE REC'D. BY REGISTRAR 25 REGIS	



DIVISION OF VITAL RECORDS,

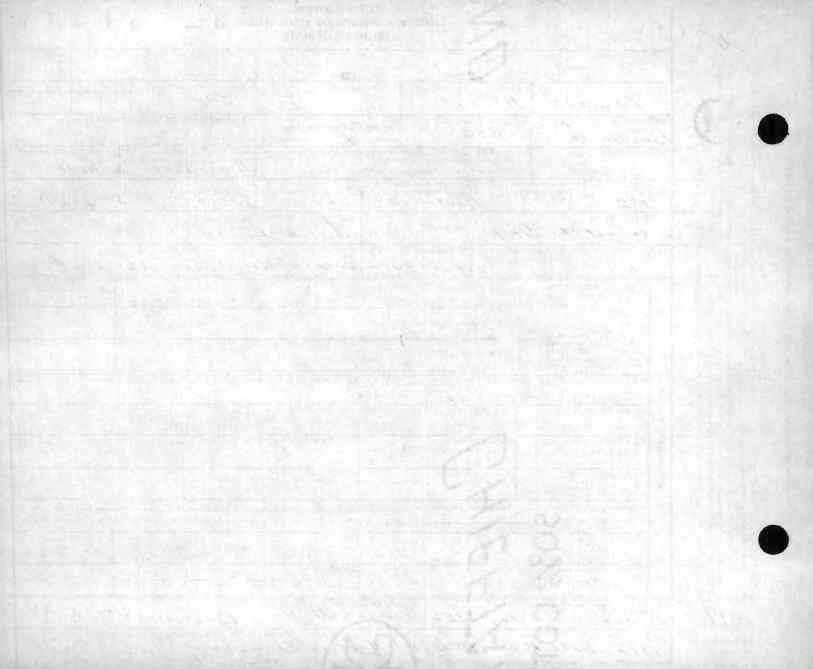
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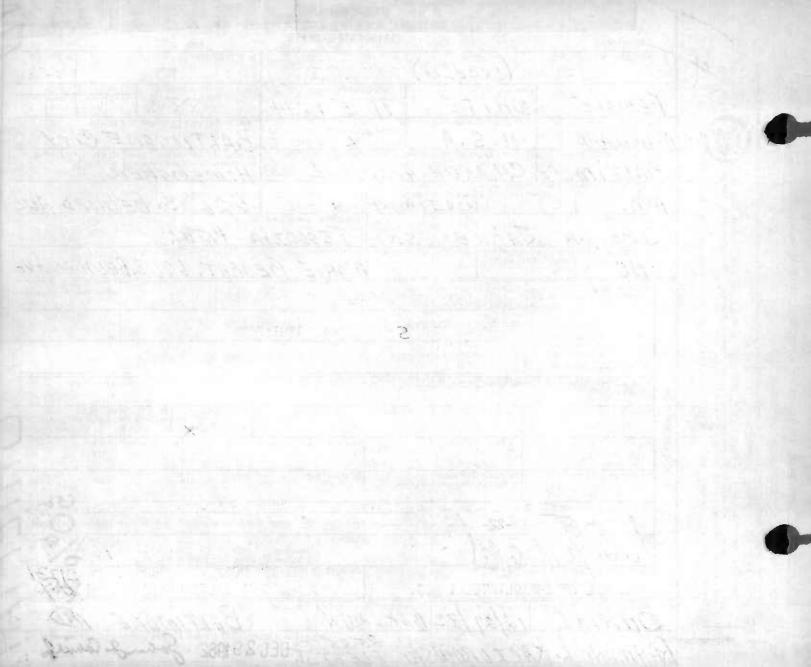
24 FUNERAL DIRECTOR

Wm. C. March F/H Inc. 1101 E. borth Avenue

	FOR STATE REGISTR	AR	DEPA	STATE OF MARYLAND RYMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH		1 3 3 1
N	I DECEASED N		MIDDLE	LAST	REG. NO.	AY YEAR 26 HOUR
ge 3	(TITE OK PRINT)	Beat	rice Irene	Fow1ks	December 9, 198	2 6:00 PM
A DO	3 SEX		4 RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
- 0 1	FE	MALE	Black	MONTH DAY YEAR	59 YRS.	ONTHS DAYS HOURS MIN.
of Barrell	COUNTRY)	ISTATE OR FORMAD	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED MORCED DIVORCED	Baltimore City OR COUNTY	
offer de	IO. CITY OR TO	WN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION PREET ADDRESS	12a USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
in by	USUAL RESIDER	NCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BI			Yr passive
filled hould b	13a. STATE	136 COU	NTY BALFIA	TOR YES MO	326 4 22	64 21211
mpletely ond 2 sl	14. FATHER'S N	AME ST LYER _	DIE (AST	15. MOTHER'S MAIDEN N	LOREST MIDDLE	LAST
n and ca Pages 1	160 WAS DECE (YES NO OR U	(1.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1		SCIL DORATINY A	Jail 11 Spaigg C	121207
sicio of.			nly one couse per line for (a), (b)), and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy went	PART	I. DEATH WAS CAUSE	ED BY:	cinoma of the Breas	t with metastasis	10/81
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of contending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than Amental Hygiene prior to burial, cremation, or removal. The property of them 18 shows any injury, or other traumatic event, the medical examiner must be an order or them.	gove ri	ons, if ony, which se to immediate (a), stating the ing couse lost.	DUE TO, OR AS A CONSE	ne liver and lungs		
uires signe o buri		THER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	N IN PART Ito
en si	º In		ndent diabetes			
on. he law on. t permit iene prid	NOTE TO THE TOTAL PROPERTY OF THE TOTAL PROP	OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: The ending physicion this certificate the burial-transit ad Mental Hygie dor frem 18 sho	00.001170	BUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
IG PHYS offending for this of the bur had Me had on the bur had me had on the bur	OR CONTR	RY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (At HOME STREET, FACTORY, OFF	PICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Affor use o of Health 21 is ma	22a.l cert	tify that X1 (this hasp the deceased alive or		om November 21 19 8 9 82, and that iXXy) (our) opinion	2 to <u>December 9</u> , 1 on death occurred on the date and hour	9_82, thatXI) (we) lost and from the causes stated
Al OR A the has Al DIREC defached bite Dept. IT: If them	22b. SIGN	ATURE	Rudling	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-9-52
O HOSPIT efoined by TO FUNER should be o with the Sid	22d. PHYS	arles Ridl	OR PRINT)	22e ADDRESS	and General Hospit	al
204 BP 12	23a BURIAL, CR	REMATION, REMOVAL	123b. DATE 12/13/52	23c. NAME OF CEMETERY OF GREMATOR	23d. LOCATION BACT, MERS	21225
DHMH - 16 50M 4/B2	24 EHNERAL D	IRECTOR	a library 100	E 20 B / 250. D	ATE REC'D. BY REGISTRAR 256 REGISTR	

(VRA 15, 4)





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MPORTANT: If Item 21 is marked ar Item 18 shar

	STATE OF MARYL
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AND

1	FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	GIENE Ö	REG. NO.	3	1 3	3 3
	CEASED NAME FRANCE	E 6	31441		FRAN	ICE	2a DATE OF	DEATH M	25/8	YEAR	26. HOUR
	, m.		RACE Whi	te	5. DATE (6. AGE (IN YE	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H			
			76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED					9 BALTIMORE CITY OR COUNTY OF DEATH			MD
			St. A	120. USUAL O	CCUPATION	ORKING LIFE)	-	F BUSINESS OR			
130	AL RESIDENCE (IF NURS STATE Md	Balti	1	lac CITY OR TOW Catonsvi	N	13d. INSIDE CITY LIMITS?			Park	Road	21228
	ATHER'S NAME FIRST WILLIA	m	H.	France		15. MOTHER'S MAIDEN NA	Marga			kels	r
	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIVE W		213-10-7		Douglas G.	France		Joey ott C	ity, N	
	PART I. DEATH W Conditions, if any, gave rise to imm cause (a), statin underlying cause	which	DUE TO, OF	Corre RAS A CONSEQUE RAS A CONSEQUE	NCE OF	respiration medisa Rena	1 fails	est lang (CHI	BETWEEN	MATE INTERVAL INSET AND DEATH
ATION	PART 2 OTHER SIGN PLE 190 DATE OF OPERAT	11/she	nal,	Alteria	sele	NOT RELATED TO THE TERM	MINAL DISEASE			I IN PART III	
CERTIFICATION			71b. TIME O			Tab How Millipy occur		NOD	N CERTIFYII	NG CAUSES	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.		HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	CRED (ENTERNATE	JRE OF INJURY II	N ITEM 18 PART	1 OR PART 2)	
MEI	WHILE NOT WH	ILE [EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	-	CITY OR TOWN		COUNTY	STATE
	220. I certify that (I) saw the decease above, (I) (we) (d	ed alive an	12/2	4 19		nd that in (my) (aur) opinian	death occurred	an the date	and haur a	nd from the	
	226. SIGNALURE	N. S	du	erl		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAI	N)	22c. DATE:	25/S

230. BURIAL, CREMATION, REMOVAL

236 DATE

2/28/82

epti of Med. St. Agues Has

STATE

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Md

COUNTY

Park Cemetery Baltimor 250 DATE REC'D. BY REGISTRAR 255 Wille. Md. DEC 28 1987 Witzke, P.A. 1630 Edmondson Ave Catonsville, Md.

and the statistics of the state Salition St. A. mis mospital 619c Sugant Park Road 11228 Ed Dailieses Caromaville Millian Istantel Sant Pontal . He mailli avia wol arce Burisl 12/25/82 Loudon Fark Crustepy Laitimore No. witches, F. M. Mos on admondage and contenting, No. OEC 2 Right Swings Chairf

1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 2	ر ن م	3 4
eoth eoth	1. DECEASED NAME (TYPE OR PRINT)	IGOR	FRANK		MONTH DAY YEAR	26. HOUR 159
ge 4 mo)	3 SEX ALE	Cauc.	5. DATE OF BIRTH MONTH DAY 7 18 13	6. AGE (IN YEARS LAST BIRT	IMDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
31 8/	70. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNT USA		XIXI	RE CITY	м
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filled in	USUAL RESIDENCE (IF NURSING IN 130 STATE MARY LAND	one or other institution, give residence becoming		[?] 4020 FALLS	STAFF RD.	#21215
ompletely and 2 st	PIDIE	MIDDLE LAST FRAJDEN	RAJCH SARAH	MIDDLE	LUFP	MAN
on ond co	160. WAS DECEASED EVER IN U.	s. ARMED FORCES? 16b. SOCIAL S 119–32		R. STEPHENODE TAFF RD. B	BALTO., MD	21215
for requires that is better gned by remit. Then please three its buriol, c	PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 128/8-1 210. ACCIDENT WAS UNDERLYIN	ANT CONDITIONS CONTRIBUTING	NCCOSIS TO DEATH BUT NOT RELATED TO THE TI ICH OPERATION WAS PERFORMED	ERMINAL DISEASE OR CONT	DITION GIVEN IN PART I	NGS USED
rig physicon certificate ho circl-fransit pe ental hygiene hem 18 show	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	YES NOT	YES 🗌	NO 🗍
After this is on the by whith and M	AT WORK AT WORK		11/20	CITY OR TO	<i>(</i> (1)	STATE
DIRECTOR. sched for use Dept. of Her	sow the decoded of above, Ill the Idial is	hospital) attended he deceased from the control of	ond that in (my) (our) opin	ion death occurred on the do	ote and hour and from the	
S FUNERAL ould be deta th the Store	SAM	SYDNEY	ATTENDING PHYSICIAN 220. ADDRESS SINAI	HOSPITAL	IAN 12	1182
BP	230 BURIAL CREMATION, REMI	DEC.3,1982	31 NAME OF CEMETERY OR CREMATOR BETH EL MEMORIAL P	ARK 23d. LOCATION CITY RANDA	LLSTOWN BAI	LTO. STATEMD
H - 16 50M 4/B2 (VRA 15, 4)		LEVINSON & BROS.	22	DATE REC'D. BY REGISTRAN	ZSHTREGISTRAR'S SIGNAT	WRE GULL

STATE OF MARYLAND

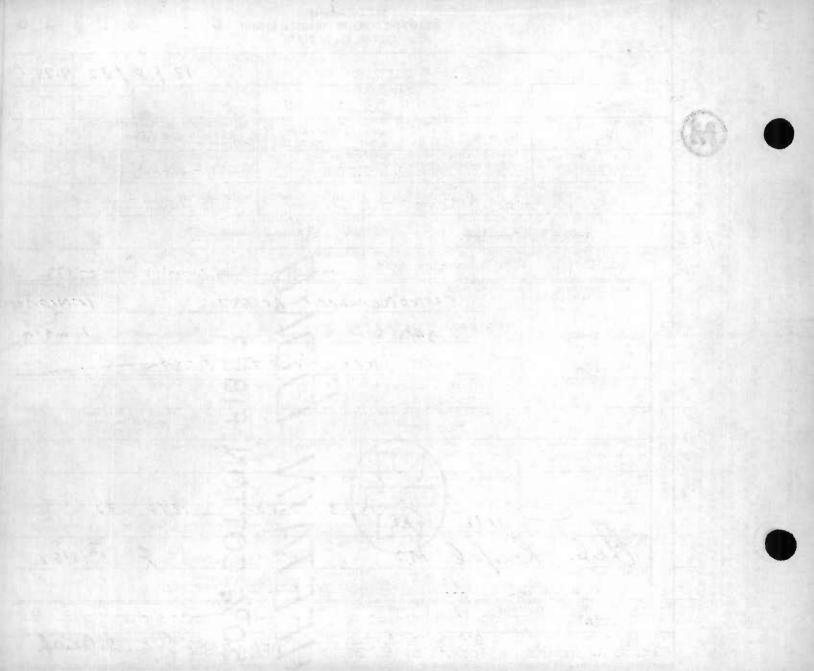
ECONO DE PROPERTO DE SERVERO Market Cox se TONE SIMPE Bearl Merosis 1 28/82 Proper Opening 11/28 82 12/1 182 38/1/81 X 14/2 WAR OF ME Wat political call of

6	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8 2	3	1 3	3 3 5
		CEASED NAME	FIRST	,	MIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
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oe y	3. SE			4. RACE		5. DATE C		45.0	6. AGE (IN YEARS LAST BIR	THDAY	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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g 5	Jo. Bi	RTHPLACE (STATE OF FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? B.	□ NEVER A	AADDIEDXX	9. BALTIMORE CITY	R COUNTY	OF DEATH	
deoth. Page 4 moy ***********************************		Georgia		U.S	.A.	WIDOWE	D DI	VORCED	Baltimore	City,		MD.
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maryla within ompletely if and 2 short	14 FA	THER'S NAME Frank	٨	AIDDLE	Mille	er	15. MOTHER'S	S MAIDEN NAM FIRST A	MIDDLE		LAS	51
MORE, M.	16a V	VAS DECEASED EVER I		MED FORCES?	16b. SOCIAL SE		17 INFORMA		ADDRI			
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v ST., BAL certificate ng physici banpaper r remaval. ic event, th		PART I. DEATH W	IMMEDIATI	E CAUSE (a)	ulmonan	1 embol	us, phi	eumnia	۹, ۰			
onding corbing office		4360		DUE TO, O	r as a conseq	UENCE OF ,		Same				
RESTON death contendinove car action, or		Conditions, if ony,		(b)	strok	(es, 1	neart fo	ariure.				
101 W. PRESTON 1 that the death ce de by the attendin lease remove carb 101, cremation, or an		gave rise to imm couse (0), stating underlying cause		DUE TO, OI	R AS A CONSEQ	UENCE OF		2 983				
RDS, 20 equires 1 an signed Then ple r to buric injury, 0	NO			effuir		O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
ITAL RECOR! The law rec sicion. Inst permit. I ye hos been hist permit. I ye hos priori shows any in	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		WERE FINDI	
SION OF VITAL PHYSICIAN: The ending physicion this certificate h the burial-transit ad Mental Hygiet d or item 18 shap		210. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA		M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT I OR PART 2]	
DIVISION C DING PHYSIC or other this cer se os the burion of the on the	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE [21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATIO STREET	NO	CITY OR TO	IWN	COUNTY	STATE
TEND toloo OR: J Or use f Heo		22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive on_	12.30	19	42.4	d that in (my)	(our) opinion	death occurred on the d			that (II (we) lost causes stated
op he		22b. SIGNATURE	Fen	Stream	40		DEGREE A	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN 🛣	22c. DATE	SIGNED 3082
TO HOSPITAL (TO FUNERAL I should be deto with the Stote I		22d. PHYSICIAN'S NA	ME (TYPE OF	Strau.	\$5		22e ADDRES	S	spital isalt	imore		
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DHMH - 16 50M 4/82	24. FU	JNERAL DIRECTOR		1	100		-1-11	25a. DAT	E REC'D. BY REGISTRAR			
(VRA 15, 4)	Į	√m. CO marc	h F/I	I Inc.	ADDRESS		avenue	JA	N 41983	Julia	2. Ca	mil

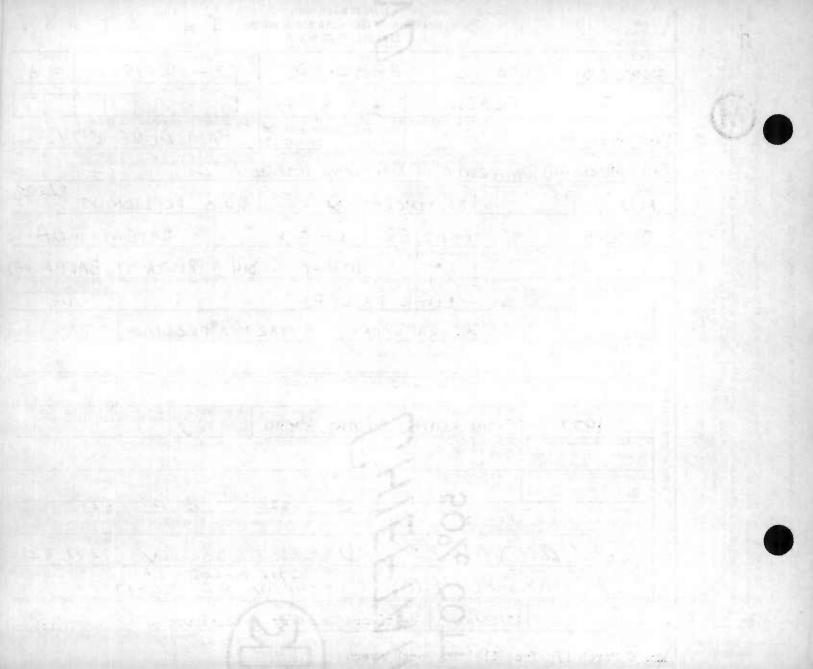
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	7.
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V	death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 hours after death. Four a retained by the hospital or ottending physicion.
DIVISION OF VITAL RECO	TO HOSPITAL OR ATTENDING PHYSICIAN: The low reteined by the hospitol or ottending physicion.

				STATE OF MARYLAND	es es es	1 7 7 1
	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B Z S	1 5 5 5
		CEASED NAME FIRST	WIDDIE	LAS1	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
tool tool		AVIS	B. F	RAZIER	12/8/	82 9:29 1
· · · ·	3. SE	X	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 24 HRS
		Female	Black	Oct. 14, 1946	36 YRS.	INTHS. DAYS HOURS MIN.
(MA)	7a. B	COUNTRY)	6 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
WANT.	7	Md.	U.S.A.	WIDOWED DIVORCED	BALTIMORE CITY	MD
44		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET , UNION MEMORIA	G HOME OR OTHER INSTITUTION ADDRESS) L HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Paper Processing	126. KIND OF BUSINESS OR INDUSTRY
34	13o. 3	AL RESIDENCE (IF NURSING HONGOR OF STATE NAME NO MO	THER INSTITUTION GIVE RESIDENCE BEFORE Y 13c CITY OR TOW Silver S		130 STREET ADDRESS TO RO	pad
1	14. FA	THER'S NAME		15 MOTHER'S MAIDEN NA		
150		James W.	Frazier	Blanche	Campbe III	LAST
1 8		VAS DECEASED EVER IN U.S. ARM			ADDRESS	The state of the s
12	,	YES, NO OR UNKNOWN) (IF YES, GIVE	220-54-9	Mildred Put	mphrey (cousin) sa	me as #13
vol.		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and	3 (01)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even		PART I. DEATH WAS CAUSED IMMEDIATE	1 4 5 1 1/1	PULMONARY AR	REST	(MMGOINT
t, or r	otic	1010	DUE TO, OR AS A CONSEQUE	NCE OF		
rour		Conditions, if ony, which gove rise to immediate	(1b) 54P.	21.7		1 WERK
other 1		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	SACRAL DECUBI	TUS VICER	
to buriol ljury, or	Z	PART 2 OTHER SIGNIFICANT CO			AINAL DISEASE OR CONDITION GIVEN	VIN PART 1(0
prior t	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, N	WERE FINDINGS USED
shows	TIF	W. Zelato, Braze, III			YES NO YES	NG CAUSES OF DEATH?
Hygi 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
ento E	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
deolt s mo		220.1 certify that (1) This hospita			2 , to 12/8 19	62 , that (1) (we) lost
of t		sow the deceased alive on above (1) we fided (did not)	wiew the body ofter death.	2 , and that in (my) (our) opinion	deoth occurred on the date and hour a	and from the couses stated
Dept.		22b. SIGNATURE	0 10	DEGREE		224. DATE SIGNED
Z to te		Charles 1	oserfal MI	THI SICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/8/82
with the Stol		22d. PHYSICIAN'S NAME (TYPE OR		22e ADDRESS		
with the Sto		CHARLES ROSE			RIAL HOSPITAL	
_	(urial, cremation, removal specify) Burial		atual Mem. Cemeter		
)M 1/81 , 4)		orge R. Snowder	246 N. Was Rockville,	shington St. 250 DA Md. 20850	TE REC'D. BY REGISTRAN TO REGISTRA	AR'S GIG BTURE



d	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 3 3 7 CERTIFICATE OF DEATH REG. NO. MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR 126 HOLDR								
decorp of be	I. DECEASED NAME FIRST (TYPE OR PRINT)		ANDA "	L.	FRI	FRAZIER IS. DATE OF BIRTH			20. DATE OF DEATH MONTH D 12-12-19 6. AGE (IN YEARS LAST BIRTHDAY)			HOUR A M UNDER 24 HRS
_ (2)	J. 3E.	F		BLACK.		MONTH DAY YEAR 77		5 YRS.				OURS MIN.
O POS	BF	RTHPLACE (STATE OR FOREIGN COUNTRY) ALTIMORE MD	76. CITIZEN OF V	4,	WIDOWE	0 01	MARRIED 🔀	BA	LT (ME	ORE	CITY	/ . MD.
102	BI	ALTIMORE MD	UNIVERS	FACILITY, GIVES	F MAR	CAND	HOSPITA	120. USUAL OG	CCUPATION OR MOST OF WORK		Ib. KIND OF BI	
AND 212 AND 212 n 24 hou n 24 hou nould be	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		13c. CITY OR	EFORE ADMISSION) TOWN TMORE	13d. INSIDE C	NO []	130. STREET AL	PRE	STON	54,	21202
MARYL ted withi	14. FA	JOSEPH	WIDDLE	FRAST	70.	LAI	ED .			VEN	PA JA	NA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours oftending physician and completely filled in the ost the burial-transit permit. Then please remave corban papers. Pages 1, and 2 should be fill the ond Mental Hyguene prior to burial, cremation, or remaval. The page of the Mental By shows any injury, or other troumatic event, the medical examiner most be to acknowled.		VAS DECEASED EVER IN U.S. VES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIALS	ECURITY NO.	17. INFORMA Fathe		814 E	PRESTO	V ST		TIM. MI)
	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per I SED BY: IATE CAUSE (a)	line far (a), (b		ILUR	26				BETWEEN ONSE	7
		7598 Conditions, if any, which		AS A CONSE	A-HEPA	TIC	BILIAR	Y AT	RES 11	A	Syem	-5
		gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)										
		PART 2 OTHER SIGNIFICAN		NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONDITION	V GIVEN IN	PART Ita	
L RECO	CERTIFICATION	190 DATE OF OPERATION	Extro	Nepa	CHE DU		Atresia	200 AUTOP	10 C	IF YES, WEI	RE FINDINGS CAUSES OF	SUSED DEATH?
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VISION G PHYSI G PHYSI er this ce s the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			211. LOCATIO	N		CITY OR TOWN	C	OUNTY	STATE
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AL OR ATTEN the hospital AL DIRECTOR of the DI		obove, (I) (we) (did) (did) 22b. SIGNATURE SOUNCE OF THE STATUS OF THE	MOPIN	ster death.		DEGREE A	ATTENDING PHYSICIAN	MEDICAL _	STAFF PHYSICIAN	/	22c. DATE SIG	
C HOSPITAL etained by 11 TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE) PSACH!	ROP(DUL	05	220 ADDRES	S 6711 CHESD	MELC	DOY L			
2	23a. E	BURIAL, CREMATION, REMOV SPECIFY BURIAL	AL 23b. DATE 12/15/		23c. NAME OF C		etery	Balt:	imore	cou	a Cui	Md STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24_Ft	UNERAL DIRECTOR NAME 1. C March F/H	Inc, 110	1 E. N	orth Ave	enue	250. DATE	REC D. BY REC	STRAR 256 RE	GISTRAR	SIGNATURE	,



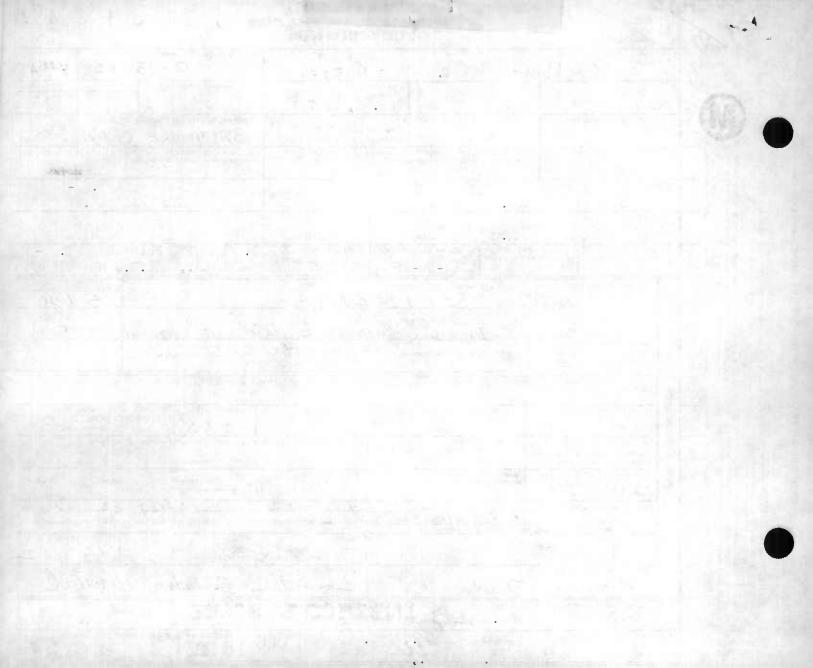
esnardtown. Maryland

Funeral Home

DIVISION OF VITAL RECORDS,

(VR A 15 (4))

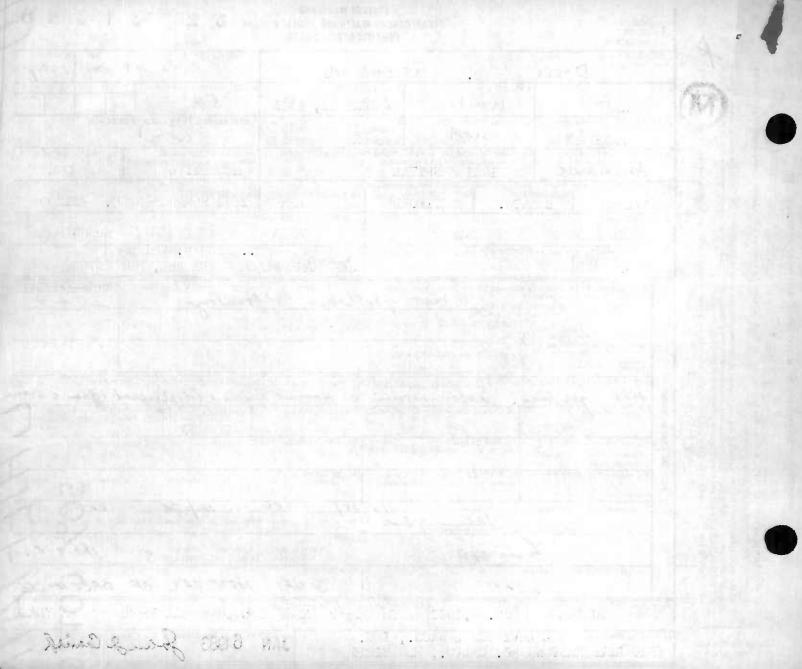
STATE OF MARYLAND



STATE OF MARYLAND

FOR

(VRA 15, 4)



4	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 CERTIFICATE OF DEATH REG. NO.	1341
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
og e g	(TV)	MORR MORR	IS FRIEDMAN 12/17,	182 9:55A
you moy	3. SE			UNDER 1 YEAR OF UNDER 24 HRS
7 ob 7		Male	Caucasia 10/18/17 65 YRS.	DNTHS DAYS MOURS MIN.
4 100	7a. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY C	F DEATH
death.	报	Mtimore, Md.	USA WIDOWED DNORCED D Baltimore	City MD.
offer offer	7	eltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY PLUMBING
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buring-transit permit. Then please remove carbonapopers. Pages 1 and 2 should be fill the and Memial Hygiene prior to burial, cremation, or removal.			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
ND 24 h	130.	nd.	130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS YES NO 1 6611 Chelwood	1 01 7.1209
ryla shin	14. F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	EBOWITZ
AAR de		Samuel	MIDDLE Friedman Rose XX.	XXXXXXXXXXX
S Con	16a	VAS DECEASED EVER IN U.S. AF		CHELWOOD RD.
MORE e exect of a page of the	OF BOA	YES, NO OR UNKNOWN) (IF YES, GI	(EWAR OR DATES) 217-26-6262 Milched S. Friedman - WI	Fe #21209
e be cion				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtificate I physicic anpopers emoval.			lly one couse pecline for (a), (b), and (c).) D BY:	BETWEEN ONSET AND DEATH
ng p renting p		1539 IMMEDIA		
oth oth on, o my			DUE TO, OR AS A CONSEQUENCE OF	
RES de		Conditions, if ony, which gove rise to immediate	(b) Hepato-renal tailure	
W. W. P		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	1980
201 s tho ed b pleas rial,			10 Lolon adenocarcinoma, metastatic	
RDS, 201 W. F equires that the n signed by the Then please re- to burial, cren injury, ar ather	z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ito
Been red prior to ony inj	CERTIFICATION	19a, DATE OF OPERATION	196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, V	4/505 SN ID 0 100 1100
n. n. low on been on been on been on he prior	1 5		IN CERTIFY!	WERE FINDINGS USED NG CAUSES OF DEATH?
/ITAL	1 =	11/24/82	Persistant obstructive joundiques NO NO YES	
SICIAN: T SICIAN: T SICIAN		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		I 1 OR PART 2)
IYSICIAN: The ding physicion is certificate buriol-transit in Mental Hygies or them 18 shown them 18	3	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 19	
O PHYSIN The Landing on the buring ond Merced or the	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
DIVIS or after the cast the calth and	1	AT WORK NOT WHILE AT WORK		
3 5 6 6 0			tol) ottended the decessed from 1/8/82 19 to 12/17/82 19	, that (I) (we) last
OR ATTEN te hospital DIRECTOR: ached for us Dept. of Hem 1 is		sow the deceased alive or above, (1) (we) (did) (did no	12/17/82 19 ond that in (my) (our) opinion death accurred on the date and hour of the body after death.	and from the couses stated
8 4 8 9 9 9	N.	22 SIGNATURE	DE GREE	220. DATE SIGNED
		Malcolm	M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12/17/82
	1	224. PHYSICIAN'S NAME (TYPE	R PRINT) 22e ADDRESS	
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store		MALCOLM U	UILKINSON MD UNIVERSITY HOSPITAL,	BALT. MD
Sho of show	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	
0 0 0 OBP		BURIAL	DEC.19.1982 AITZ CHAIM BALTIMORE	MARYLAND
DHMH - 16 50M 4/82	24. F		EVINSON & BROS. INC. 25 DATE REC'D. BY REGISTRAR 25 REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	6	010 REISTERSTOW	AODRESS -	I Court
		OLO KETOLEKOTON		4

L. C. L. L.

Lilly & Zeiler Inc. 700 S. Conkling St.

(VRA 15, 4)

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lilly a coiler Inc. 700 B. Con'line 3t.

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STREET CONTRACT

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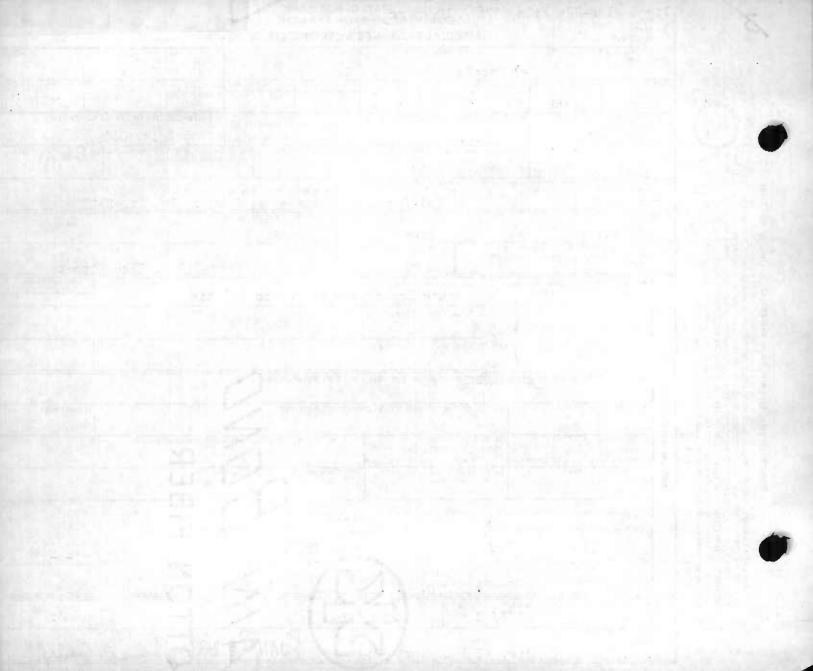
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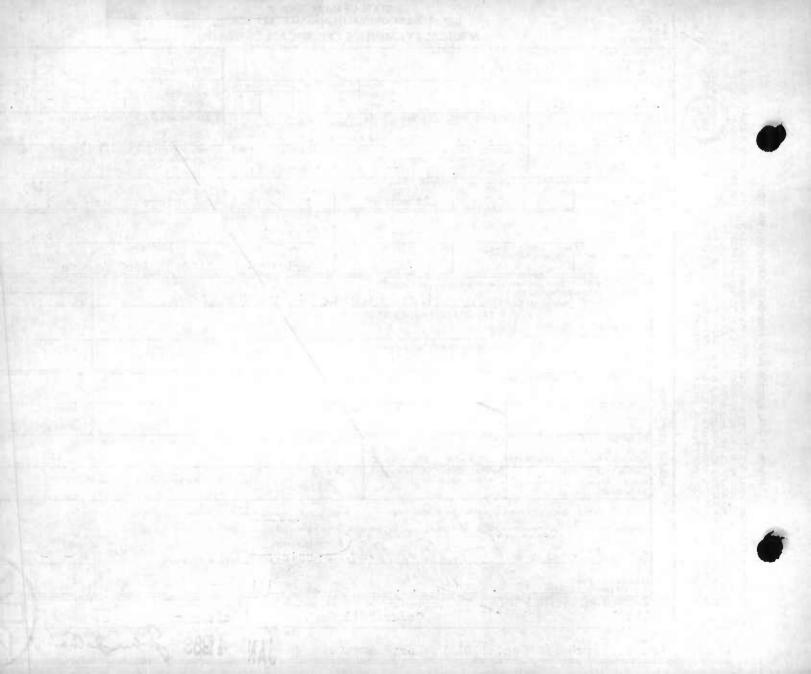
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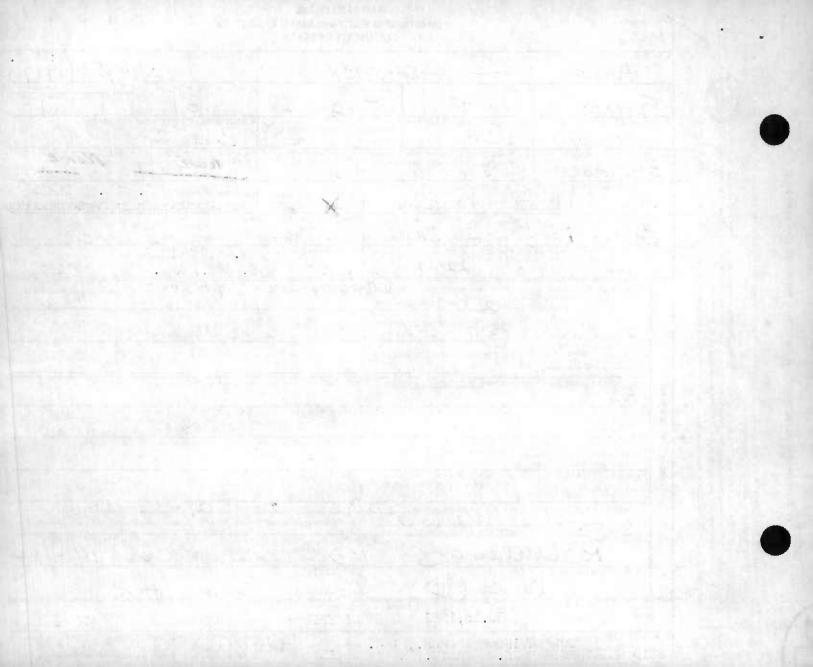
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1	1	Items #18	Ba-22a Fi	lm G576	2/10/2	MENT OF		ARYLAN AND ME		IYGIENÎ	. "	3	1	3 4	5
P		- STATE REGISTRAR		1	MEDICAL					_	9 640	REG. NO.			300
	T	DECEASED NAM	E FIRST	TO PAGE	WIDDLE		t	AST		7	OF E		MONTH DA	YEAR	2h HOUR
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2 SE	entertial.	SEX	4 RACE		DAY YEAR	6. AGE (IN YEA			HOURS		RONOUNCE		MONTH DA		7:00
100		Female	Black	12	4 76	6 YR	S.				DEAD	E CITY OR	COUNTY	1 1983	a.w
一門開	18	FOREIGN COUNTRY)			F WHAT COU	VIRY?		D NEV		ED X	9. BALTIMOR	_		FUEATH	
理と		Maryla O. CITY OR TOWN			S.A.	IPSING HOME	WIDOWE		DIVORC		AL OCCUPAT	more	. ,	KIND OF BU	MD.
DELAY IS TO THE N PAGE DS 201	3:2			(IF NOT IN SU	ICH FACILITY, GIVE	TREET ADDRESS)		71-53	1014		OST OF WORKING		WORK 111	OR INDUST	
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY I B. GIVE PAGES 1, 2, AND 3 HITH FORM, PM. 3. RETAIL T. PAGES AND 2. SHOULD DIVISION OF VITAL RECOR	54	Baltimo ISUAL RESIDENCE	(IF IN NURSING HOME		nns Hop on, give residence			al	-			Name of the last			
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		4. FATHER'S NAMI			ра			15. MOTHER	R'S MAIDE				. 2121		
	0	Nulti	can	MIDDLE	Ga	rdner		FIR	enda		MIDDI	LE		LAST	
	7	6a. WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17. INFORM		1		ADDRESS	11/2		
	/ [NO	(IF TES, GIVE	WAR OR DATES		N/A		Bren	ida G	ardne	r 533	E. 27	th St	reet	1717
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ON S PERM PERM PERM PERM PERM PERM PERM PERM	į į	41.1	ATH WAS CAUSE IMMEDIA	TE CAUSE (a)_		Broncl		and l	Bronc	chiol:	itis				
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OS, 2 G' II G' II AND ATIO	ATION	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO D	DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE	DR CONDITION	GIVEN IN PAI	RT 1 (a)					
COR SPEDING SP	E.S									A. 1 (40)					
L REAL	371	190. DATE OF	OPERATION	19b. CC	NDITION FOR	WHICH OPER	ATION WA	AS PERFORA	MED?		THOUSE.		20	0 AUTOPSY	?
VITAL RE SHOULD ORD "PE CHEF A E USED A		E	1.2097.3				199							YESXX	NO 🗆
OF O	02		AL CAUSE WAS		A.M. MONTH	DAY YEAR	21c. HO	W INJURY (OCCURRE	D LENTER N	ATURE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)	1,54	
ION TO THE CONTRACT OF THE CON	8	CONTRIBUTI	NG CAUSE OF		P.M.	19	1001100								
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WOORD "FENDING" ROBED TO THE CHIEF MEDICAL E DEPARTIMENT OF HALLH AND	2	214 INJURY O	NOT WHILE [T, FACTORY, FARM,		211 LOC	REET			CITY OR TOWN		COUNTY		STATE
# \$ 4 \$ 4 \$ 6	212	AT WORK	AT WORK					· [6]				1			
DEVISION OF VITAL RE INNER: THIS CERTIFICATE SHOULD SIGATE, WRITING THE WORD "PE E FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED."	Q	22a I certi	ify that I taok char	ge of the remain	s described ab	ove, held on	Autops	\underline{X} XXI.	Inspection	n Ц,	Inquiry L	J, and ii	ın my apinıor	n	
AMU STIFF SECT	2	, deoth result	ed from Notu	oral causes	Accident	U, Sui	cide ,	Homici		Undete	rmined monn	er,			
H. VOUCE IN	₹											DATE	1-1-8	3	
SATE SEA	- ORE			00	1			D! 10010	310111	MEDI	CALEXAMIN	EK	SIGNED		, ,
TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STA	1	EXAMINER'S (TYPE OR PRI	NAME DO	ennis F	. Sm/th	, M.D.	A	ADDRESS	111	Penr	Stree	et			
5×45×	& T	30 BURIAL, CREMA	TION, REMOVAL			NAME OF CEA			RY	23d LO	CATION		COUNTY	S ¹	TATE
1404 BR5Q5	2	BURIAL		1/5/83	3	Arbutus	Mem				butus	411 85 312		Md.	
DHMH - 17		24 FUNERAL DIREC			DRESS	3, 3,		1.1.	-		registrar 1983	ZSB REGISTI	RAR'S SIGN	ATURE	
(VR A1S ME (5	5))	Wm. C. M	arch F/H	Inc. 11	101 E.	North A	venue	2	JAN	J	1303	John	2066	sheel	5



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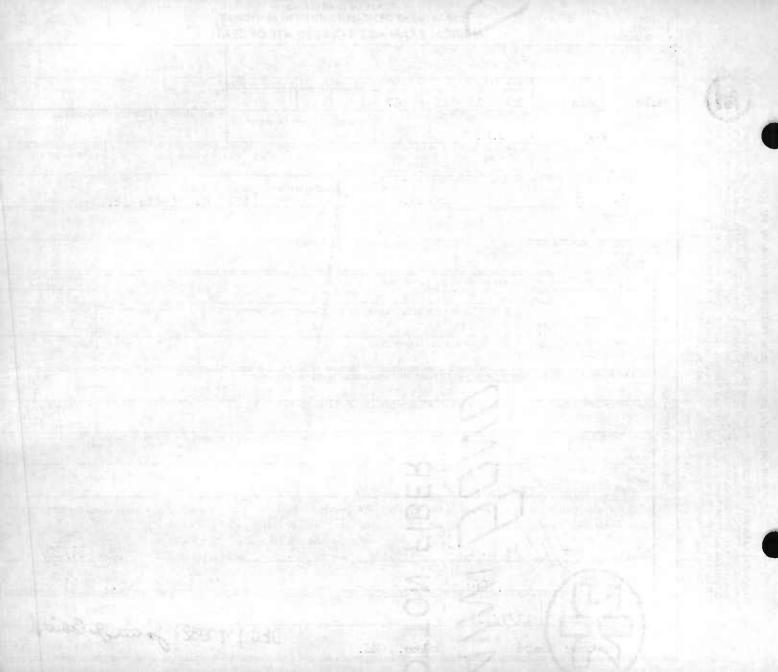
y y	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	3 1 3 5 0
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MOT	NTH DAY YEAR 26. HOUR
nay be page 3 rr death	(TYPE	Norman Norman	Generette December 2,	1982 3:35 au
ge 4 may ectar, pag rs after de	1 SE	nale	1. BAGE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDA	
0 185		RTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY? WIDOWED DIVORCED BALTIMORE	ity MD.
	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	
AND 21201	USU. 13a.	AL RESIDENCE (IF NURSING HOME OF 13b COUP	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1 LK. PK. Drive
MARYLA malerely and 2 sh	11. 67	THER'S NAME FIRST On	MIDDLE Generate Charlotte MIDDLE	Ward
BALTIMORE, are be execut are be execut appers. Pages of the medical art, the medical	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT General 4508	Old Frederick Rd.
ST., ST.,		PART I. DEATH WAS CAUSE	unly ane couse per line far (a), (b), and (c). ED BY: ATE CAUSE (a) Myocardial Infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON he death ce he attendin emave carb matian, arr	W.	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
Ser t		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	
RDS, 201 equires the signed to Then pleaser to burial, injury, and	NOI	PART 2 OTHER SIGNIFICANT (Coronary arte	conditions CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS disease; Sick Sinus syndrome with Pacemaker	ON GIVEN IN PART 116
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of thending physicion. Ifter this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior tab orked or Item 18 shews any injury	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN YES NOW	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
ON OF VITAL R IYSICIAN: The I ding physician. is certificate has burial-transit pe Mental Hygiene Tri flem 18 shews	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	ITEM 18 PART I OR PART 2)
DIVISION DING PHYS or attendin After this c is as the bur oilth and Me marked or h	MEDIC	Z1d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
TYENDING pital or o TOR: After for use as of Health		22a I certify that (I) (this hospi	bital) ottended the deceased from November 28, 1982 to December December 2, 1982 and that in (n) (aur) apinion death occurred on the date of the bady offer death.	, may sie (tre) toss
the hos		22b. SIGNATURE Charles Rid	DEGREE	22c. DATE SIGNED 12/2/82
O HOSPITA TO FUNERA Should be de with the Stot		22d. PHYSICIAN'S NAME (TYPE O		
130/BP 6	23a	SUPPLI, CREMATION, REMOVAL	12-7-82 (rownsville VA. Cem. CITY ON TOWN AM	ine Arundel Md.
DHMH - 16 50M 4/82 (VRA 1S, 4)	24 F	Carlon C.	Doughss ADDRESS 12 Flup Ave. 250 CEC 6 - 1982 PROJECT OF TO 1982	QGISTRAR'S GEN (198

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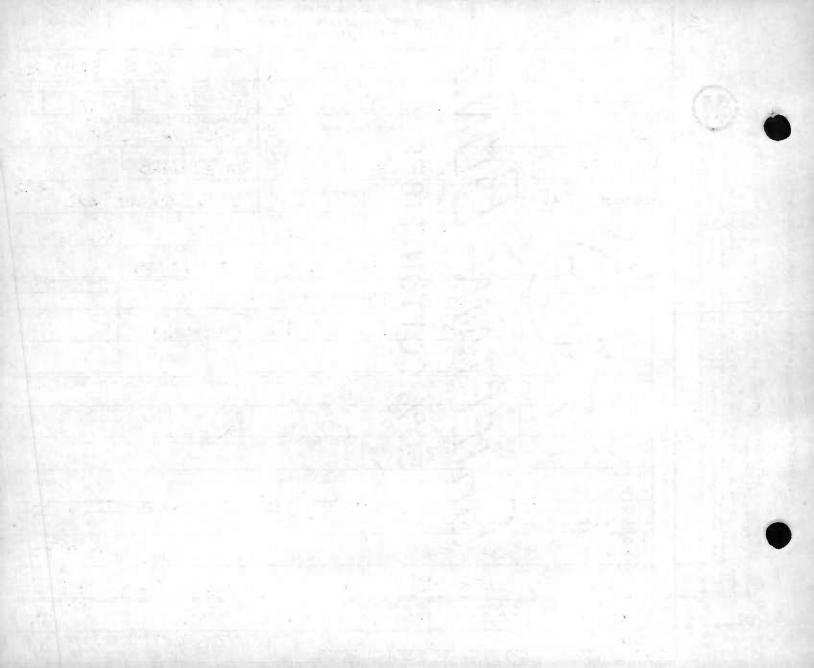
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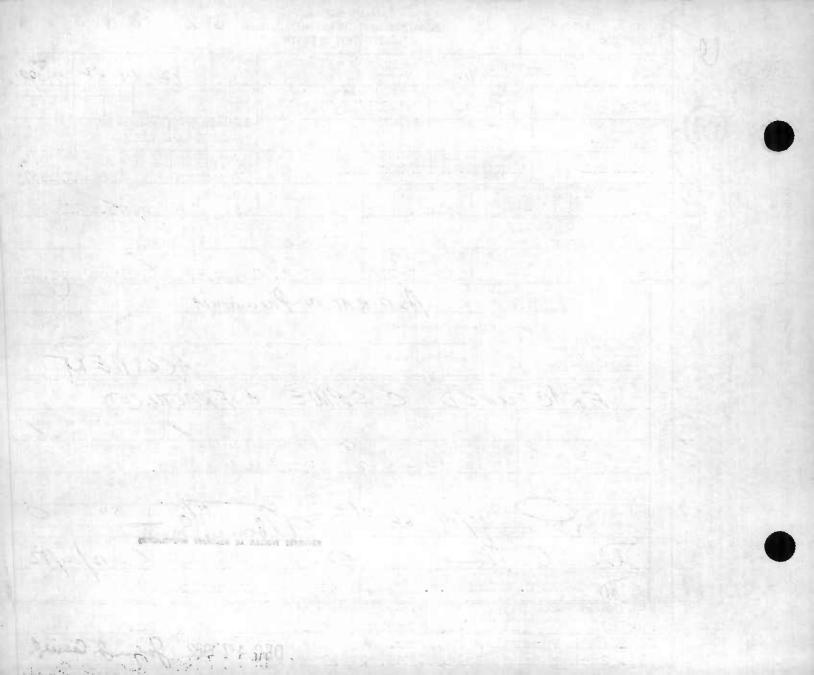
HURTE 11/23/82 AUHETUS MANGULA FAIR BRITTHORN (BARROL) NO.

	11-	FOR STATE			PEPART	MENT OF I	HEALTH	AND MENTAL H	YGIENE	2	5		63	3 4
	1	REGISTRAR		WEI	DICAL	EXAMIN	ER'S	CERTIFICATE O	F DEAT	H RE	G. NO.			
		CEASED NAM	NE FIRST		MIDDLE			LAST	20	OF EST	^XX\\^	ONTH [DAY YEA	AR 2b. HOU
SE	(11)	E OR PRINT)	Jame	S				George	1	DEATH MATE	0 0	11 29	9 19	82
2	3. SE)	(4. RACE	5. DATE OF BIRTH		6. AGE (IN YE		DER I YR. IF UNDER			M			EAR 2d HOU
3	M:	ale	Black	10 15	15	67 YE	MOIA	HS DAYS HOURS	MIN. PF	DEAD		11 29	9 19	82 10:
			STATE OR	76. CITIZEN OF WH			1		- 9	BALTIMORE	ITY OR C			
16	FC	REIGN COUNTRY)						IED NEVER MARRI	ED 🔛					
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0	I I CAN	Baltin				ty Hos								
3		TATE	13b. COUN	OR OTHER INSTITUTION, GIV		OR TOWN	ON)	13d INSIDE CITY LIMITS?	13e STREE	T ADDRESS				
1		Md.			Bal	to.		YES NO	1510	E. Bid	dle s	St.		
1	14. FA	THER'S NAM	E	WIDDLE		LAST		15. MOTHER'S MAIDE	N NAME	MIDDLE			LAST	
- Bit	16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. 500	CIAL SECURITY	NO.	17. INFORMANT		AD	DRESS			
		Unkn.												
		18 CAUSE C	OF DEATH (Enter or	nly one couse per line			100				HILL		BETWEEN	MATE INTERVAL
	1	PARTID	EATH WAS CAUSE	TE CAUSE (o)	Subd	ural H	emate	oma					4.50	
	1 3	88º	30		AS A CON	SEQUENCE ()F							
			ons, if ony, which											
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		lying co	use lost.	(c)					36.6	0.31	186			7 (2)
		PART 2 OTHER S	IGNIFICANT CONDITIONS					E OR CONDITION GIVEN IN PAR	RT-1 to				=	
	ON N			Seiz	ire d	isorde	r ar	d diabetes	s mel	litus				
Ξ	1 3	190 DATE O	FOPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?	1				20 AUTOP	PSY (PA)
	Ĕ												YES X	D ON D
-	MEDICAL CERTIFICATION		AL CAUSE WAS	216. TIME OF		D.114 UE :-	21c. He	OW INJURY OCCURRE	D (ENTERNA	TURE OF INJURY IN	TEM 18 PART	OR PART 2)		
	¥	UNDERLYIN	G OR ING CAUSE OF			17 19 8		11 on ctuco	t due	ing co	21180			
,	Sec	21d. INJURY		21e PLACE C	F INJURY	(AT HOME,	ZII. LO	11 on stree	t uur	illa 26	izure			
	WE	WHILE	NOT WHILE	STREET, FACT		TC.)		STREET		CITY OR TOWN		COUNTY	Y	STATE
100		AT WORK	AT WORK	xx stree	et		LUn	known / Dausti	16-2					
3		22a I cert	ify that I took char	ge of the remains desi	ribed obc	ove, held on	Autop	SYXX (Parti	41)	Inquiry .	ond in	my opinie	on	
		death resul	ted from: Noy	ral sauses .	Accident	XX, Sui	cide	, Homicide .	Undeter	mined monner				
			111	hi. a	.5	1 - 1		TITLE (SPECIFY)						1
_		ACTUAL SIGNATURE	- X	Jua	w		M	Assistant	MEDIC	AL EXAMINER		DATE SIGNED_	11/3	30/82
				-							TO THE			
らり	1	(TYPE OR PR	INT) Horn	nez R. Guar	cd.M.	D.		ADDRESS 111 P	enn S	treet.	Balt	0. M	D 212	201
	23a.B	URIAL, CREMA	ATION, REMOVAL				AETERY C	R CREMATORY	23d. LOC	ATION				
	(:	SPECIFY)	oval	12/7/82					CITY OR	TOWN	-	COUNTY		STATE
	24_F	UNERAL DIRE						25a. 07 E	BC'B. BYR	1982 256	RIGITA	AR'S S	T COMPANY	ul A
		NAME An	atomy Boa	and	Ba.	lto., N	id.	DE	0 1 4	BUL (1			
	-	444	a comy bot	u	Da.		****							



X	1	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	3	1 3 5 3
y be death		CEASED NAME FIRST KATH	MIDDLE Y LEIGH		RBER	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR 12:18A M
My moy	3. SE	FEMALE	CAUCASIAN/ AMERICAN IND	S. DATE (6. AGE (IN YEARS LAST BIR 50 WEEK	THDAY) IF U	NDER LYEAR IF UNDER 24 HRS
# R	1	MARYLAND	USA	NTRY? 8. MARRIE WIDOWE	D NEVER MARRIED A	9 BALTIMORE CITY O		DEATH MD
by the filed wit	2	ALTIMORE	II. NAME OF HOSPITAL, N BALTIMORE CI	TY HOSP	DR OTHER INSTITUTION	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST ON THE MEDICAL PLANE)		12b. KIND OF BUSINESS OR INDUSTRY
y filled in should be left must be	M	CLAIM INTER	IY IIIC CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔯	13e. STREET ADDRESS	ARKHALL	21222 RAD
ompletel	14 FA	ATHER'S NAME FIRST M	D GET	BER	DEBORAH	MIDDLE		WHITE
ond c Pages	16a V	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIA WAR OR DATES) ZZO	SECURITY NO.	IT. INFORMANT KIM D. GERBE	ADDRI R SAME AS		
not the death certificate b by the attending physicion sse remove carbon papers. I, cremotion, or removal. other troumotic event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED TO MEDIATE Conditions, if ony, which gove rise to immediate	BY: CAR DI	o PULMON		, PNEUMOI	VIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gned in plea buriol		couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	ATURIT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	N PART I(o)
bee berion	CERTIFICATION	HYDKOCEPH 19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES ☑ NO ☐	20b. IF YES, WI	ERE FINDINGS USED G CAUSES OF DEATH?
IVSICIAN: The India physicion. Is certificate has bis certificate has mental Hygiene or them 18 shows		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2 Ib. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCURR		_	
DING PHYSICI, or offending p After this cert is as the buriol-olth and Merito morked ar them	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211. LOCATION STREET	CITY OR TOV	VN (COUNTY STATE
TTEN spitol TTOR: for us of He		22a. I certify that (1) this haspite saw the deceased alive an above. (1) (we) (did) (did not) 22b. SIGNATURE	View the body after death.	19 <u>82</u> , on	d that in (my) our opinion d	, to DECEMBI leath occurred on the de	. 17	that (I) we lost from the couses stated
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR. should be detached for us with the State Dept of He WAPORTANT: If them 21 is		224 PHYSICIAN'S NAME (TYPE OR			ATTENDING PHYSICIAN 220. ADDRESS		IAN	12/31/82
100	23a. E	UNIVERSE OF THE PROPERTY OF TH	MILLER IN	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	BALIM	ORE MD 21224
DHMH - 16 60M 7/73 (VR A 15 (4))	24. FU	BURIAL SPECIFY) BURIAL UNERAL DIRECTOR NAME LITER BROOKS BRAI	1/3/1983	SS	1 1 1	BALIO., REC'D. BY BEGISTRAR N 3 1983		MD.





	3		ms #18 FOR STATE	a-22a Fil		DEPART	MENT OF	HEALTH	AND MEN	TAL HYGIE	600	3	1	3 5	5
36. 5	1		REGISTRAR		M		EXAMIN	IER'S C		TE OF DE		REG. NO.			
	200		CEASED NAME OF PRINT)	NE FIRST		WIDDLE			LAST		2a. DATE K	E211	ONTH D	DAY YEAR	26 HOUR
	E SEE SEE	3. SE)	,	Calvi 14. RACE	n DATE OF BURT	A.	If ACE things	G ARS IF UN	ilbert	UNDER 24 HRS		MATED		8 1982 DAY YEAR	M
	교교교육				5. DATE OF BIRT	-	LAST BIRTHD	AY) MONTI		OURS MIN.	PRONOUNC	ED			12:59
	MA	_	ALE RTHPLACE (S	NEGRO STATE OR	MARCH 76. CITIZEN OF V	MHAT COUN	40 Y	8			9. BALTIMO	RECITY OR C		8 182 OF DEATH	I P M
	13 May 15	5 FC	MARY		U.S.	Δ		WIDOW	ED NEVER	R MARRIED	Bal	timore	City		***
	2 H 4 H 5 V V	10 C	TY OR TOWN		11. NAME OF HO	DSPITAL, NU		OR OTH	ER INSTITUTIO		SUAL OCCUPA	TION (TYPE OF Y		KIND OF BU	SINESS
	A PER LINE		Baltim	ore			Highwa	ay		10	NONE	NG LIFE)		OK INDUSTR	
10	ORO ORO	13a S	TATE	(IF IN NURSING HOME C	OR OTHER INSTITUTION.	GIVE RESIDENCE	OR TOWN	ON)	13d. INSIDE CITY I	LIMITS? 13e ST	REET ADDRES	S			•
. 212	E SE	M	ARYLA	ND	7.0	B.	ALTIM	ORE	YES X			ELLWC	OD ,	AVE 2	1213
WD	T-SOS-F	14. F	ATHER'S NAM		MIDDLE	~	LAST	70	FIRST	MAIDEN NAM	NE MID	DLE	T.	ONES	
ORE	ON NEW PER	160 \	LEWI	DEVER IN U.S. ARA	AED CORCESS		ILBER'		GLAI			ADDRESS	3 (0.7.0
BALTIMORE, MD. 2120	JRS AFTER 8. GIVE PA WITH FOR T. PAGES I DIVISION	(Y	NO NO	OWN) (IF YES, GIVE	WAR OR DATES)	27.4					TT DED		777	21	.213
	RS A NITH NITH DIVIS			OF DEATH (Enter an	ly one couse per li	ne for (a) (b	-38-0	007	GLADY	D G. C	ILBER	T/1301		APPROXIMATE	AVE
PRESTON ST.,	M 18 NG V RWIT NE, I.		PARTID	EATH WAS CAUSED	D BY:		omegaly						-	BETWEEN ONSET	AND DEATH
To	ALONA ITE		42	93	TE CAUSE (0) DUE TO, C	OR AS A COM	NSEQUENCE	OF		985.5	F - 1 4				
2	CIL II			ans, it any, which ise to immediate	(b)										
×.	PEN) stating the <u>under-</u>	DUE TO, C	OR AS A CON	NSEQUENCE	OF		1 1/1,11	14 5 7				THE I
5, 20	EXECUTED NG" IN PR CAL EXAM BURIAL- H AND MEI MATION, ((c)										
DIVISION OF VITAL RECORDS, 201 W.	ULD BE EXECUTED WITHIN 24 HOUI "PENDING" IN PENCIL IN ITEM 18, FF MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IN CREMATION, OR REMOVAL.	z	PART 2 DINER S	IGNIFICANT CONDITIONS											
REC	MEDIO BE MEDIO AS A CRE/	ATIO	19a. DATE O	F OPERATION					AS PERFORME	patitis			1:	0. AUTOPSY?	
ITAL	RIAL USE	IFIC.											753	YES 🔽	NO 🗆
OF V	S CERTIFICATE SHOULD INTO THE WORD "PER RITING THE WORD "PER E 3 SHOULD BE USED A EDERARIMENT OF HEAD OF PRICE TO BURIAL, C	CERTIFICATION		AL CAUSE WAS		OF INJURY	DAY YEA	21c. HC	OW INJURY O	CCURRED (ENTE	R NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
NO	SET OF SE		UNDERLY INCONTRIBUT	G OR ING CAUSE OF D	DEATH P.	.M. MONTH	19	`							
VISI	RITING REDED GE 3 SH TE DEP	MEDICAL	21d INJURY	OCCURRED		E OF INJURY ACTORY, FARM, E			CATION TREET	2017	CITY OR TOWI	4	COUNTY		STATE
٥		~	AT WORK	NOT WHILE C											
	国マジステラ		22a I cert	tify that I taak charg	e of the remains d	lescribed abo	ave, held an	Autap	sy X. Ir	rspection .	Inquiry	, and in	ту артна	ın	
	BE FELL		death resul	ted fram: Najor	pl couses 🔼 ,	Accident	L, Su	ncide	, Hamicide	Und	etermined man	ner,			
	CER CER		ACTUAL	11	/	118	1	-	TITLE (SPEC				DATE	10.40	100
	SHOE SHOW		SIGNATURE	76	Monar	2/11/	roll		ыериту	Chiefa	DICAL EXAMI	VER S	SIGNED_	12/8	782
	CUTE CUTE		EXAMINER'S	NAME Tho	mas D. S	mith,	M.D.		ADDRESS.	II Penr	St. I	Balto.,	MD.		
0016	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO FUNERAL DIRECT AFTER DEATH WITH THE BALLMORE, MARYLAI	23a.B		ATION, REMOVAL 2	36 DATE	23ε.	NAME OF CE		R CREMATORY	23d.	OCATION		COUNTY	C)	ATE
184:	3 BP 57			EMATION	12/11/	82 WI	ESTVII	W W	EM PAR	2K	BALTIN			Md.	
	DHMH - 17		RSHAL	T. W TON	ES,JR/Z	1707	EDMON	DSON	AVE	DATE REC'D.	4 1022	25h DEGISTR.	AR'S SIGN	JATURE	1
	(VR A15 ME (5))	THE	TENTITE	11 0 014		1-0-	212-021	- N- C11		DEU	I 306	1000	~0~	- Comme	-/

ompletely filled in by and 2 shauld be file

the attending physicion and remove carbon papers. Pages

shauld be detached for use as the burial-transit permit. Then please remove carbainapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

death certificate

	1	FOR - STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARY IEALTH ANI ICATE OF	MENTAL HYG	GIENE	8	2 REG. NO.		3	1 3	5	6
		ECEASED NAME PE OR PRINT)	Milt.	on	DeVrie	s (Gilbe	rt Sr.			mbe			1 98 2	2b HOU	P
- Tare	3. SE	Male		4 RACE Whj	lte	5. DATE O	H_ DAY	1897	6. AGE		S LAST BIRTHE	YRS.	IF UNI	DER I YEAR	HOURS	24 HRS MIN.
35		SIRTHPLACE (STATE OF COUNTRY) Maryla	nd	U.S	WHAT COUNTRY?	WIDOWE	D 🗌	MARRIED DIVORCED	Ва	alti	CITY OR	e C				MD.
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25	13a. Ma	aryland ATHER'S NAME	A · A	VTY	136 CITY OR TOW Glen Bu	N.	YES 🗌	CITY LIMITS?		GC GC	oress over		106 's	-	Apt	. F
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BP DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: etained by the haspital

TO HOSPITAL OR ATTENDING

230 BURIAL, CREMATION (SPECIFY)

Cremation 24 FUNERAL DIRECTOR Singleton Funeral Home

23b. DATE

16'Dec.

Security Process 82

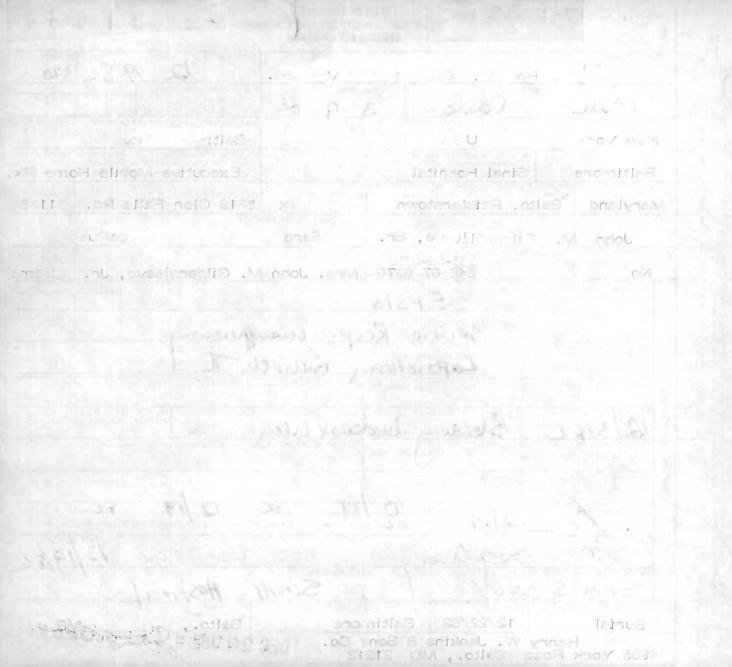
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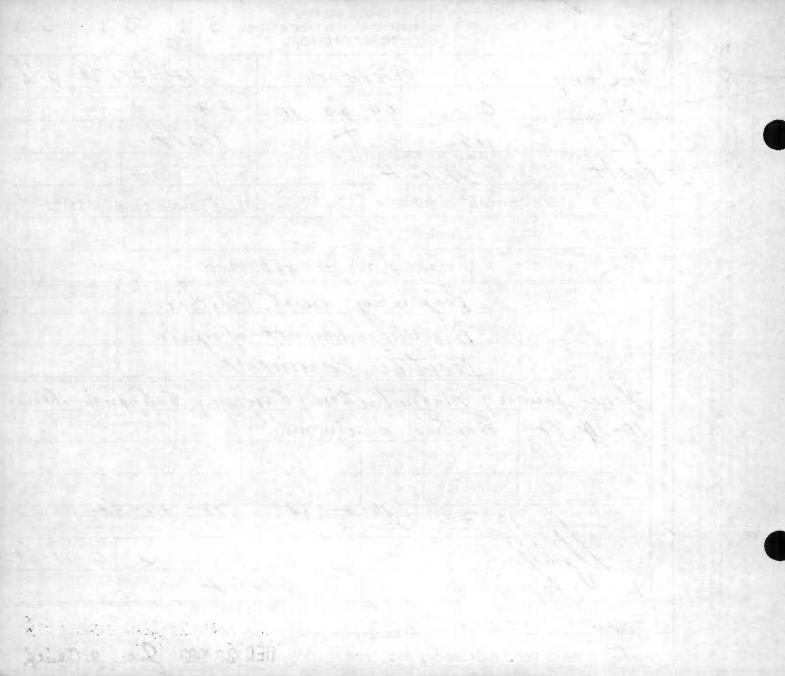
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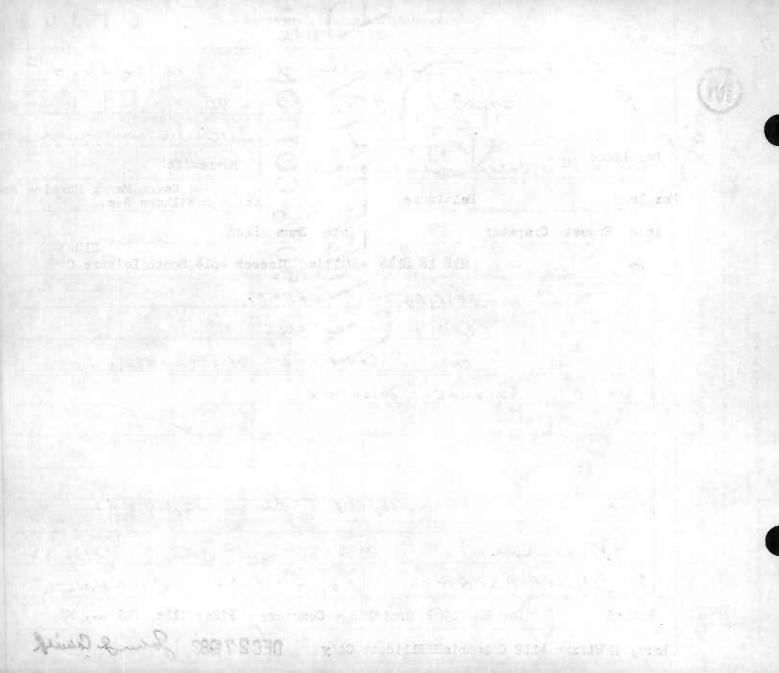
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Spitol CTOR: of Her us	21 is		sow the deceased alive a	n 12/24 19 82 and that in (my) (our) apinion death occurred an the	
OR AT DIREC Doched (Dept. of	Hem		22b. SIGNATURE	ot) view the body ofter death. DEGREE	22c. DATE/SIGNED
The part of	# #		1) consume	ATTENDING MEDICAL PHYSICIAN DIRECTOR PH	STAFF YSICIAN PT 12/28/82
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O HO frome hould	1804		11 FITZBATE	LARE MO WOULD DOF	OF SRCERY
1/1/2	5	23a. B	URIAL, CREMATION, REMOVA	L 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	N COUNTY STATE
1998P	4 - 1		Burial	1/3/83 Mt. Calvary Cem. Balt	o. Md
DHMH - 16 50M 4	4/82		NERAL DIRECTOR	250 DATE REC'D BY REGIST	PARIST PERISTRAP'S SIGNIATURE
(VRA 15, 4)		L	eroy O. Dyett	4600 Liberty Hgts. Ave. <u>NEC 30198</u>)- 0

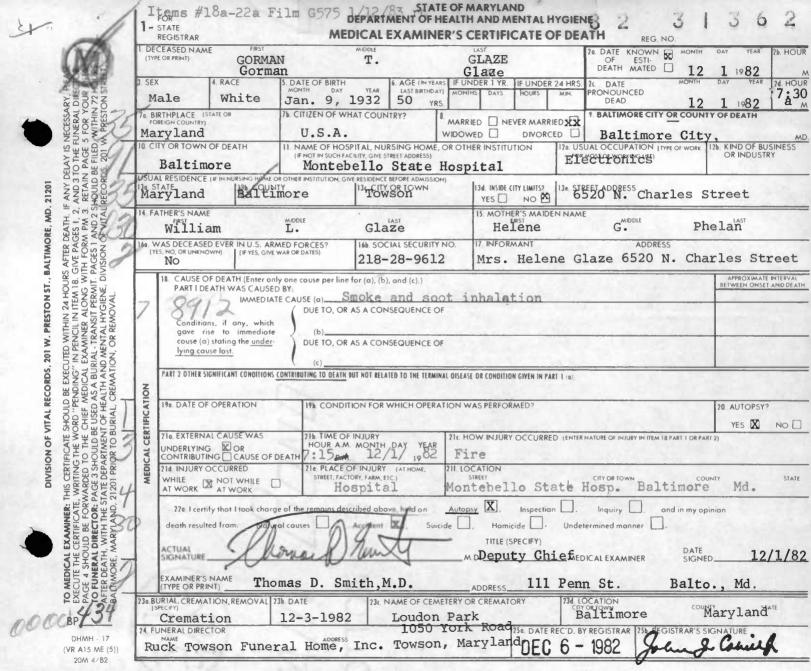
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

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REGISTRAR

12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY 2512 Southern Ave. Barranco 2512 Southern Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Baltimore, Maryland Baltimore Burial Dec. 21,1982 Parkwood Maryland BP. 250, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b. HOUR

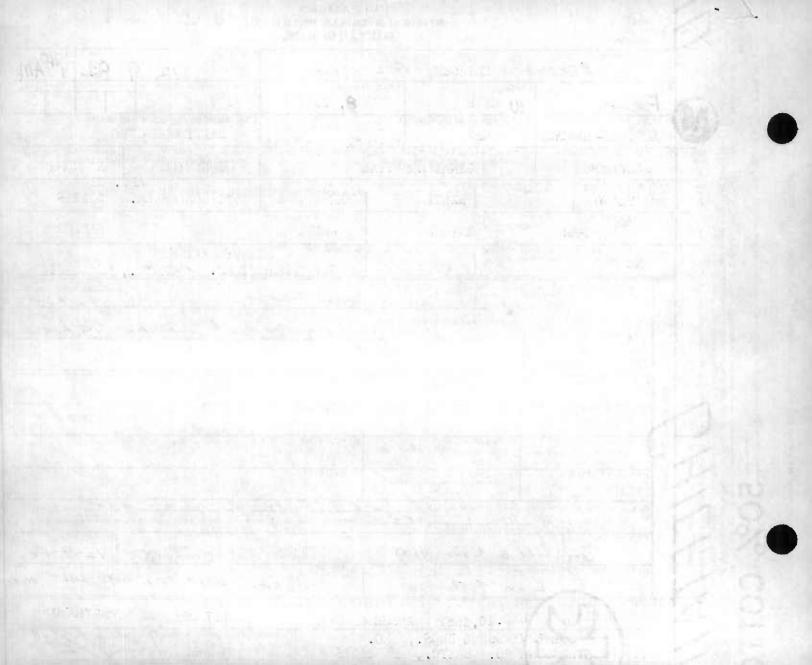
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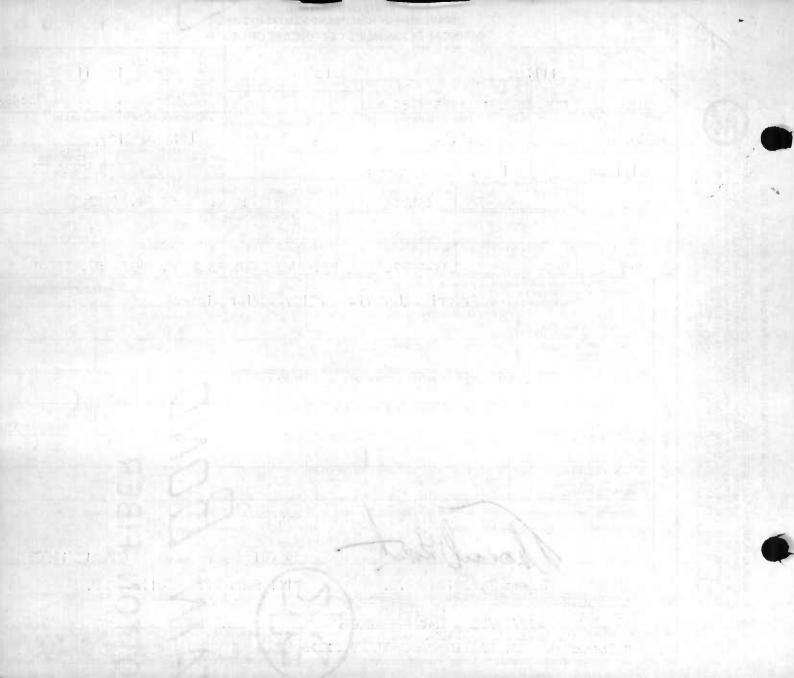
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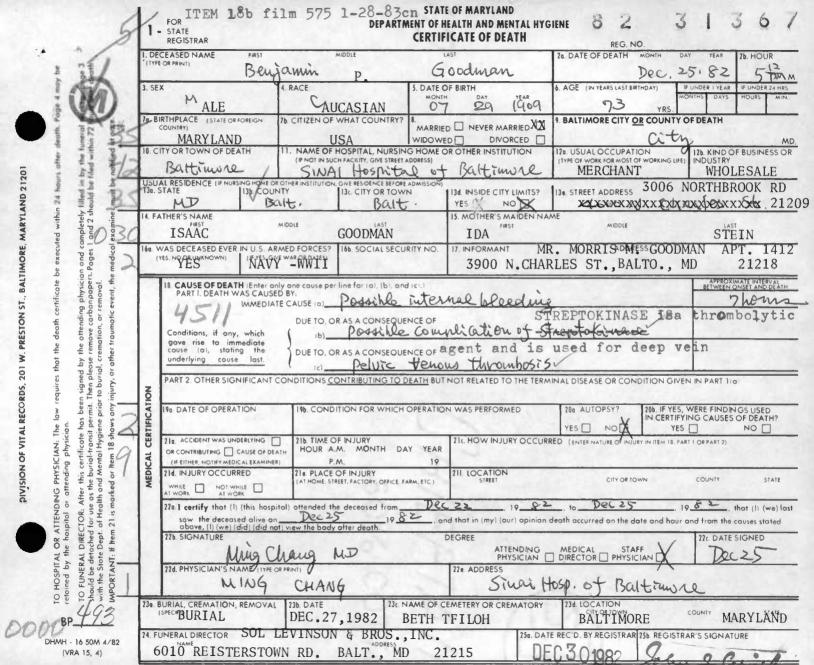
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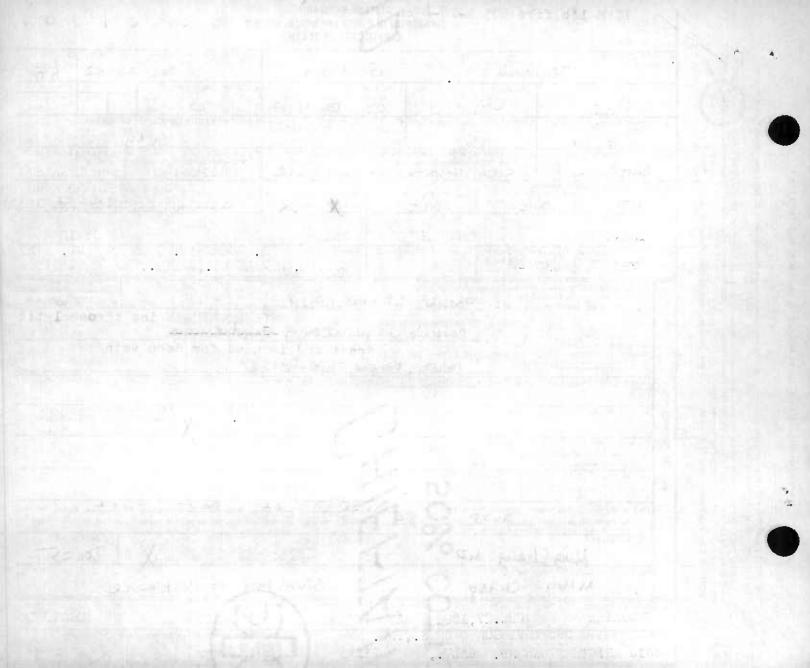
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TO MEDICAL EXAMINER: PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: ATTER DEATH, WITH THE SAME	7			23b DATE	23c.	NAME OF CE			ORY	[23d, L0	OCATION			IL ITY	
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118 2 (VR A15 ME (5	5))	OUTO KET	SIEKSIUWI	N KD. DAL	I IPION	L PERIL	MUID !	-1-13	920	10	1906	100	and	N WHILL	/\
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\$	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 THE REGISTRAR CERTIFICATE OF DEATH REG. NO.	1 3 6 8
y be deoth	3. DATE OF BIRTH	NDER 1 YEAR IF UNDER 24 HRS
Page 4	MONTH DAY YEAR 1900 P 2 YRS. MINITIPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	
ofter death	KENTUCKY U.S.A. WIDOWED DIVORCED DIVORCED DIVIDING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION I	MD. 126. KIND OF BUSINESS OR NDUSTRX
nours of in by be file	Balto. 600 Samaritan Hosp. CLENN L. MARTIN (a) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 133 INSIDE CITY LIMITS? 130 STREET ADDRESS	RETIRED
MARYLAND ed within 24 h	14. FATHER'S NAME FIRST JOHN WOLFE SUSAN FRIEL	(A)
BALTIMORE, cate be execut systian and ca appers. Pages 1 vol.	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 407-28-5194 FANILY	
W. PRESTON ST., or the death certific the aftending phy te remayer crobing or remoditor, or remodither traumatic even	PARTI. DEATH WAS CAUSE BY: CARDIO PULMORNARY ARREST DUE TO, OR AS A CONSEQUENCE OF ANTEROSEPTAL WICCARDIAL Ouse (io), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF ASPIRATION PNEUMONIA	18 hrs
It RECORDS, 201 on how requires the form the been signed by the premit. Then pleas ene prior to burial, ows any injury, or o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I SEVEL Chaptic Obstanctive pulmary disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	ERE FINDINGS USED G CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physician. ther this certificate has been sig as the burial-transit permit. Then to and Mental Hygiene prior to b orked ar Item 18 shows any injury	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 NUMBER OF LOCATION	OR PART 2) COUNTY STATE
DIVISION OR ATTENDING Port to the hospital or other thousand for use of the border of Health other them 21 is marked	228.1 certify that (1) (this haspital) attended the deceased from December 27, 19 saw the deceased alive on December 27, 19 g2, and that in (my) (suc) apinion death occurred on the date and hour aniabove, (1) (suc) (did not) view the body after death. 228. SIGNATURE DEGREE	22c. DATE SIGNED
O HOSPITAL OFUNERAL hould be determine for effect of the steel of the	22d PHYSICIAN S NAME (TYPE OR PRINT) DR FRANCIS KHOO PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DI	12-27-82 MD.
270 GBP	BURIAL 19/30/82 PARKWOOD BALTO COUNTY	NID.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 EUNERAL DIRECTOR NAME LANGE FUNDE 161 6 has DODREY Star HOLLAND BEC 30.1982	and Court

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S NECESSARY, PLEASE FUNERAL DIRECTOR. E. FICH YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	_	S. Carol			S.A.			WIDOW		DIVORCI		Baltim	ore C	ity		MD.
一手万里	10.0	ITY OR TOWN	OF DEATH	(IF NOT IN	OF HOSPI	TAL, NUI	RSING HOME	, OR OTH	ER INSTITUT	TION	FOR MO	L OCCUPATION STOF WORKING LI	ON (TYPE OF WO	ORK 12b KI	IND OF BUS R INDUSTR	
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÷ ≅ ~ ≥ - 0		18 CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly one couse	per line fo	or (a), (b)	, and (c).)			1 * .				BETY	PPROXIMATE	AND DEATH
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ON OF VII	3 5	UNDERLYING			UR A.M.		DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)		
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N SECOND	MED	21d INJURY O	NOT WHILE IT		REET, FACTOR		(AT HOME,		TREET			ITY OR TOWN		COUNTY		STATE
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ATE. S. F. S. C.		22a I certif	y that I took charg	ge of the remo	oins descri	bed aba	ve, held on	Autop	sy .	Inspection	XX	Inquiry .	and in m	y opinion		
MIN		death resulte	ed fram: Natu	rol couses	XX A	ccident	. Sui	ide 🗌	, Hamici	ide .	Undetern	nined manner				
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VAPOUE BE FORW TO FUNERAL DIRECTOR; PAFTER DEATH, WITH THE STABLITIMORE, MARYLAND, 21		(TYPE OR PRIN	Mar	garita	A. K	ore	.L. M.E		ADDRESS_	111	Penn S	Street				
N N N N N N N N N N N N N N N N N N N	23o. E	(SPECIFY)	,	736. DATE		23c. N	IAME OF CEN	ETERY O	R CREMATO	ORY	23d. LOC	ATION		COUNTY	STA	16
6 78 BP		BURIAL		12/23/	/82	W	estern	Cem				ltimor			Md	
DHMH - 17		UNERAL DIREC			ADDRESS							GISTRAR	REGISTRAF	SICCAL	WRELA	-
(VR A15 ME (5))	Wr	n. C. Ma	arch F/H	Inc. 1	1101	E. N	orth A	venu	е	DEC	2119	01				

0EC21982 / C. A. Carat

	1	FOR		DEPART		F MARYLAND TH AND MENTA	I HYGIENE	-7	1 7 7	n
		- STATE REGISTRAR				CERTIFICATI	W (64)	REG. NO.	1 3 /	U
	T	DECEASED NAM	NE FIRST	WIDDLE		LAST	2a DATE	KNOWNXX MON		2b. HOUR
20 年 20 元	E .	(TYPE OR PRINT)	JOHN	ROGER	GO	ORDON	OF DEATH	MATED 12	-26-82	M
ACCIONA	3	SEX	4 RACE 5 [DATE OF BIRTH	6 AGE (IN YEARS IF		DER 24 HRS. 2c. DATE	MONTH		2d HOUR 8:24
2 22		MALE	What E H	1000575,1921	6/ YRS.	DATS HOOKS	DEAD	12	-26-82	8:24
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A North	15	CITY OR TOWN	c., Md.	NAME OF HOSPITAL NU				Ltimore C		MD.
DAY IS PAGE FHIE	8/1/	Baltim		(IF NOT IN SUCH FACILITY, GIVES			FOR MOST OF WOR		ORINDUST	RY
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D. 21201 F ANY DELA 2, AND 3 TO 3, RETAIN PA SHOULD BE!	\$3	o STATE MÁ	136 COUNTY	13c_C1T\	ORTOWN	13d. INSIDE CITY LIMIT YES AND	13e. STREET ADDRE	ST. Prol	ST 21	202
4 + N	alle.	FATHER'S NAM	E	DDIE	LAST	15. MOTHER'S MA	AIDEN NAME	IDDLE	LAST	
ME, M DEATH SES 1, A PM AND 3	300	JAM	IES E.	Go	Rejen	KATI	RERIVE	M	10 BRIC	IF
0 -45-	-	(YES, NO, OR UNKN	ED EVER IN U.S. ARMED OWN) (IF YES, GIVE WAR	OR DATES)	CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
I., BALTIMORE URS AFTER DEA WITH PRACES I ANN IT. PAGES I ANN	DIVISION	No.	-		0-15-140	3 HARLE	H. GORERY	218 The	ALAME	
	E, DI	18 CAUSE O	OF DEATH (Enter only or EATH WAS CAUSED BY	ne cause per line for (o), (b					APPROXIMATE BETWEEN ONSE	T AND DEATH
ON HERA	Sien VAL.	45	IMMEDIATE C	AUSE (a) Arter		ic cardiov	ascular dis	ease		
HIN HEST	EACH		ons, if any, which	DUE TO, OR AS A COI	43EOUEINCE OF					
W. PREST WITHIN SINCIL IN AINER A	S A		rise to immediate	(b) DUE TO, OR AS A COM	NSEQUENCE OF					
201 ZOIV	N. O.	lying co	use last.	(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS RITING THE WORD "PENDING" IN PENOLL IN ITEM 18. OF THE CHIEF MEDICAL EXAMINER ALONG WITES 35 SHOULD BE USED AS A BURIAL- TRANSIT PERPMIT.	CREMATION,	PART 2 OTHER S	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL OF	EASE OR CONDITION GIVEN	IN PART 1 (a).			
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VISION OF CERTIFICATE TING THE W DED TO THE W 3 SHOULD B	15 A	UNDERLYIN	G DOR	HOUR A.M. MONTH		. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	URY IN ITEM 18 PART 1 OF	CPART 2)	
CERTIFICATION OF TO SHOOT SHOT SH	RIOR	CONTRIBUT	OCCURRED	TH P.M. 21e PLACE OF INJURY	19 (ATHOME, 21f.	LOCATION				
DIVISION THIS CERTING RWATING RWARDED 1: PAGE 3 SH	TATE DE 21201 P	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTORY, FARM, I		STREET	CITY OR TO	WN	COUNTY	STATE
FR. TH FORW/ OR: PA	E STA D, 213			the remains described ob-	ove held on Au	topsy , Inspe	ection XX Inquiry	, ond in my	v opinion	
- SEE W.	AARYLAND,	deoth resul		ouses XX, Accident			Undetermined me			
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TO MED EXECUTION TO FUN	AFTER DEATH, WITH BALLIMORE, MARY	(TYPE OR PR	Marg	arita A. Kor	ell, M.D.	ADDRESS11	1 Ponn Stro	et		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Harry		HOULE	Karn			Edna		MIDDLE			nad:	ler
	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMA	NT		ADDRESS		2123	0	
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22	PART I. DEATH V	IMMEDIATE		metas	tate	C 59	east	Sarco	ma.				100
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	Canditians, if any		(b)_										
-6	gave rise to im cause (a), stati	ng the	DUE TO, OF	R AS A CONSEQU	JENCE OF						V.		-
	underlying causi	e lost	(c)				9710						2736
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CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	200 AUTOP		LIFYES, W	VERE FINE	DINGS ES OF I	USED DEATH?
RTIF									10 1	YES [N	10 🗍
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WED	21d INJURY OCCUR		21e. PLACE (OF INJURY EET, FACTORY, OFFICE	FARM, ETC)	211 LOCATIO	N		CITY OR TOWN		COUNTY		STATE
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10	220.1 certify that (I		all attended the	1	82 or	18	1982	, 10	-24	. 19.	82	and .	(I) (we) la
	saw the deceas abave, (I) (we) (did) (did nat)	view the bady	after death.			our) opinian	death accurred	an the date o	and haur ar			
50	226 SIGNATURE				1 3	DEGREE	TTENDING	MEDICAL	STAFF		22c. DA	TE SIGN	NED
		un			- 11.5	F	HYSICIAN [DIRECTOR		X	112	120	1182
	22d. PHYSICIAN'S N	AME ITYPE OR	PRIMT			220 ADDRES	aton	Ave,	Rr. A	mer	HUS	DI 4	.6:
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	Buria		12/29	/82 IS	Mar	k's Cen	eterv	DAGAN		Fre	deri	ck	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

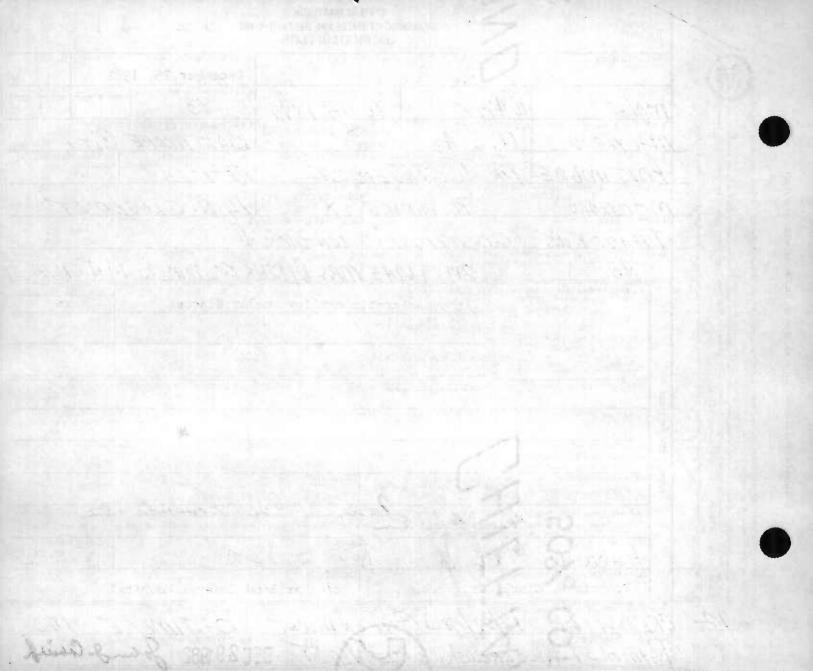
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256. P. DEC 2 71982

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6	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND CERTIFICATE OF		REG. N	10 2		5 /
		CEASED NAME FIRST	GITEL MIDD	LE	LAST		20. DATE OF DEATH		AY YEAR	26 HOUR
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-	3 SE	FEMALE	Coucosia		S. DATE OF BIRTH	18 90	92	N	ONIHS DAYS	HOURS 1
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34	7	RUSSIA POLAND	IISA	`	MARRIED NEVEL	DIVORCED	Ball	imore	Cit	e
E	-	ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING	HOME OR OTHER IN	ISTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST HOUSEWIF	OF WORKING LIFE	12b. KIND C INDUSTRY AT H	
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ou ou	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH C	PERATION WAS PERI	ORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
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U		OR CONTRIBUTING CAUSE OF E	ZCAIII	MONTH DAY	YEAR					
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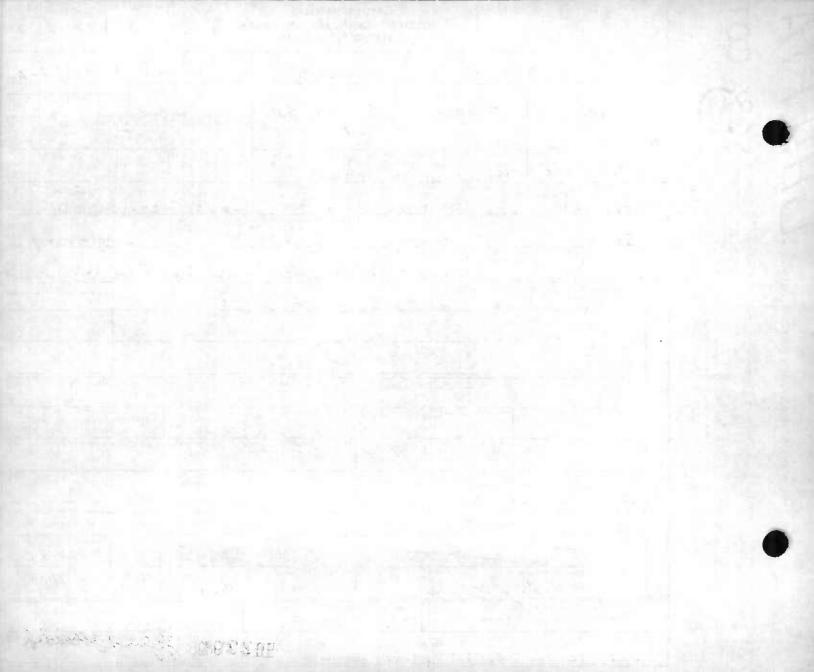
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Nick 82 GOWENS 3 SEX 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER LYFAR IF LINDER 24 HRS MONTH YEAR Black BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 IDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21207 13b COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore arviano 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIODLE DWENG 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 25 APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ď YES [NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on 12 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave. (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF be deta TO FUNERAL I should be deta with the State I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 12/30/82 BR Md. Veteran Cem. Crownsville 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S STEN DHMH - 16 60M 1/75 ADDRESS (VR A 15 (4))

Wm. C. March F/H Inc. 1101 E. North Avenue

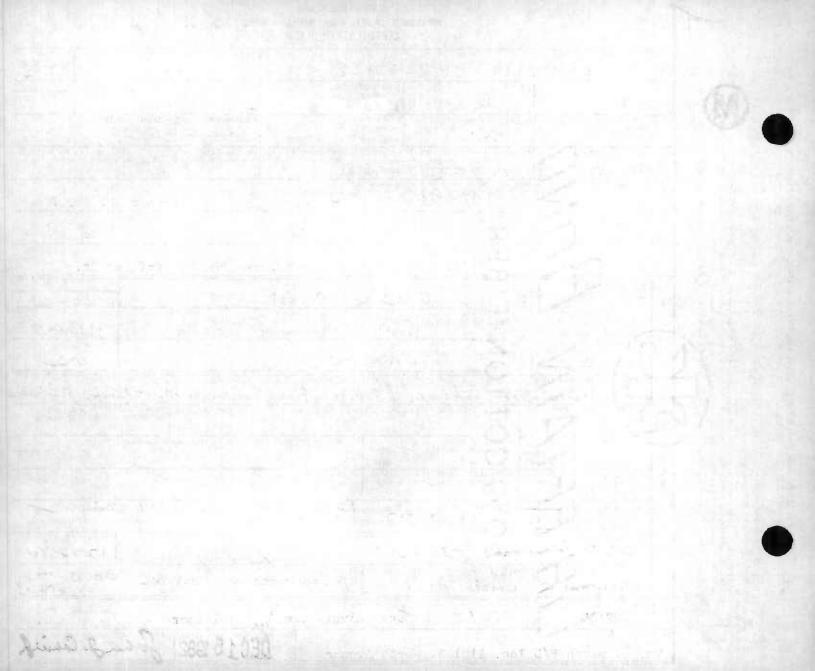
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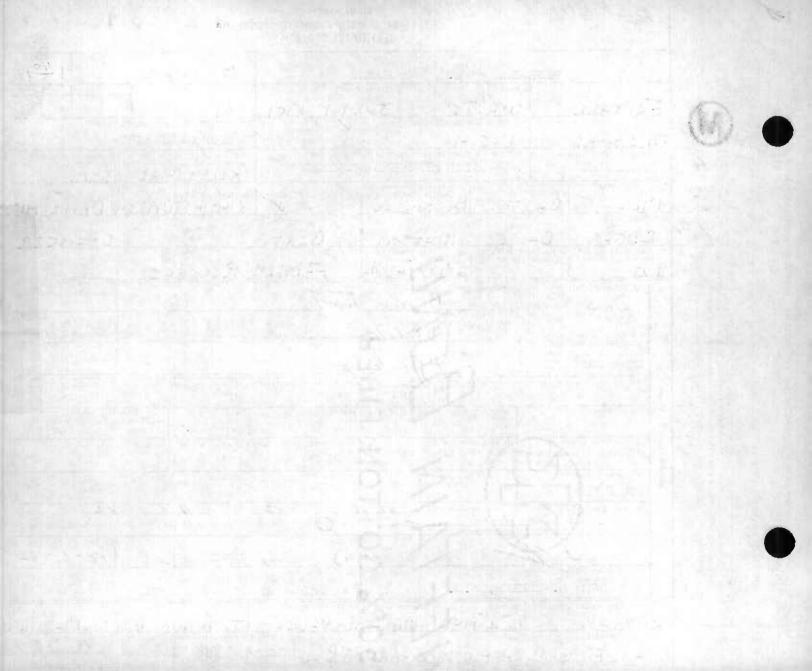
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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12/	BERENICE GRANT STATE OF MARYLAND	2 2 3 1 3 7 9
	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	REG. NO.
	. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be poge 3	BERENICE W. GRANT	12.1-82 140/1
r. po	SEX 4 RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE WHITE JULY 1, 190	8 YRS.
	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
o e	MISSOURI U.S.A. WIDOWED DIVORCED	BALTIMORE CITY MD.
201	BALTIMORE 11. NAME OF HOSPITAL, NÜRSING HÖME OR ÖTHER INSTITUTION (IF NOT "UNION" MEMORIAL HOSPITAL	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) KILLY G'RL SC.
AND 2120	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 133. INSIDE CITY LIMITS: 132. VES NO IN	2 13% STREET ADDRESS RHOH DUNLEY ORIVE APTO
RYL H W W	FATHER'S NAME FIRST MIDDLE LAST FIRST FIRST FIRST	AIDDIE
W Pa de / N	EDGAR DAVID WATSON BERT	is SPINCER
ORE, xecu	MI. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS
BALTIMORE of be executed by the second of th	00 217094884 FAMI	LY RECORDS
BAL cote cote coper coper coper coper coper cote	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LST., erriff Bong rems	2396 IMMEDIATE CAUSE (a) Drain lumou	
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low r	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCC	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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TO HOSPITAL TO FUNERAL should be det with the Store		MEMORIAL HOSPITAL
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(VRA 15, 4)	EVANS FUNERAL CHAPIL 8800 HARFORD ROAD DI	EC 1 0 1982 John & Cahulk



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FOR

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1. DECEASED NAME

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(VRA 15, 4)

24 FUNERAL DIRECTOR Funeral Homes, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Oaklawn Cemetery

ADDRESS 7110 Belair Road

Baltimore, Md

LAST

REG NO

MONTH

DAY

3

YEAR

82

IF UNDER 1 YEAR

INDUSTRY

21231

21231

YES [

COUNTY

COUNTY

Maryland

Baltimore.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

82

22c DATE SIGNED

12-3-82

MONTHS DAYS

26. HOUR

12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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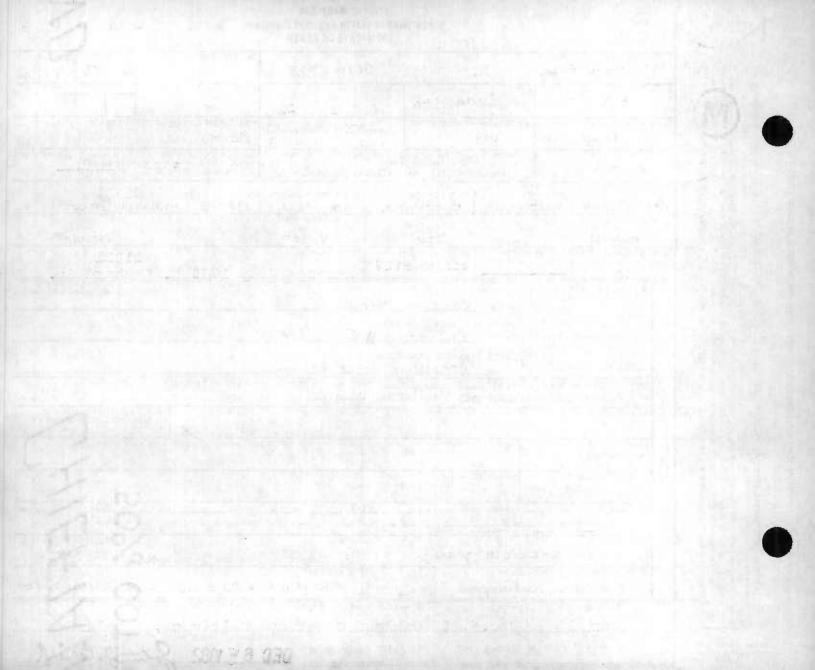
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IF UNDER 24 HRS

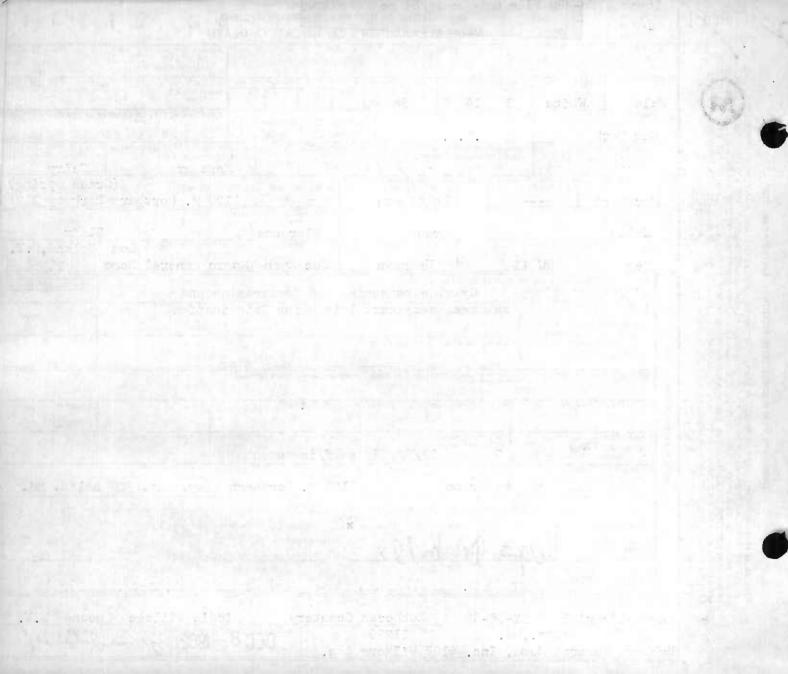
2a. DATE OF DEATH



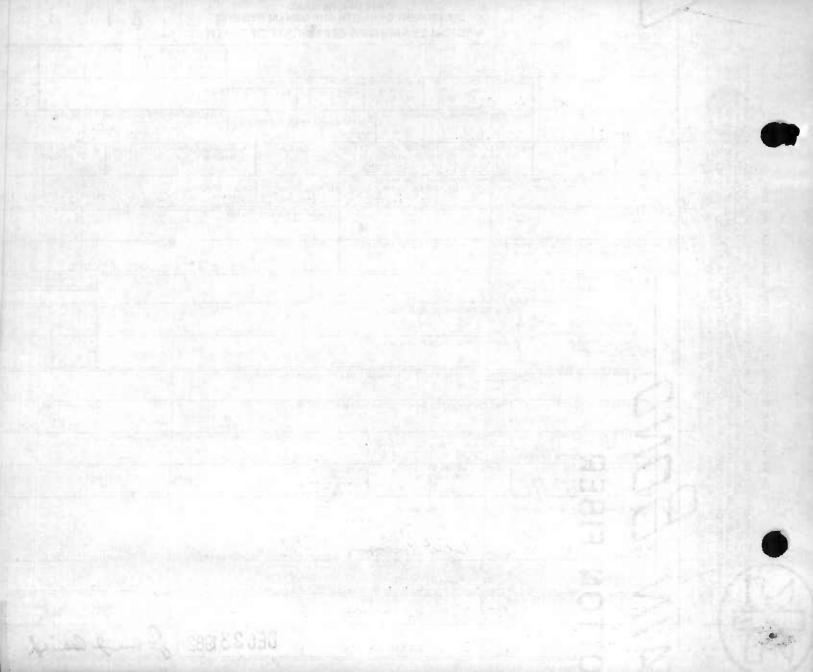
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(和雄)		7a B	RTHPLACE (ST	ATE OR	76. CITIZEN OF WE			8	D D NE	VER MARRI	50 9	BALTIMORE C	ITY OR CO	OUNTY OF DE	ATĤ	
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P P P P P P P P P P P P P P P P P P P	338		Baltimo	re	Univers							EWIFE	:)	OK II	NUOSIKI	
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MD. A. 2. A. 3. S. S. S.	A T		THER'S NAME		MIDDLE	LAS			15. MOTH	ER'S MAIDE		MIDDLE	KAT VU	LAS		
DEATH. GES 1, M PM	300		JOHN		11110000	HARGE				MINN	ITF.	MIDDLE		HOLT		
201 W. PRESTON ST., BALTIMORE, MD. 21201 UTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEI IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TE EXAMINER ALONG WITH FORM PM. 3. RETAIN INAL-TRANSIT PERMIT, PAGES 1, AND 2, SHOULD BE	Z Z	16a V	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIA		NO.	17. INFOR	MANT		ADD	RESS	110.12		
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A NEW YEAR	REA			is, if any, which e to immediate												
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S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. POED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMIT	EWA	z	PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 (a)					
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DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED.	STA 0, 21				tal a state	9 1 1					X,					
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25	EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA			ION, REMOVAL		23c. l		ETERY C	RCREMATO		73d LO	CATION			UNTY		
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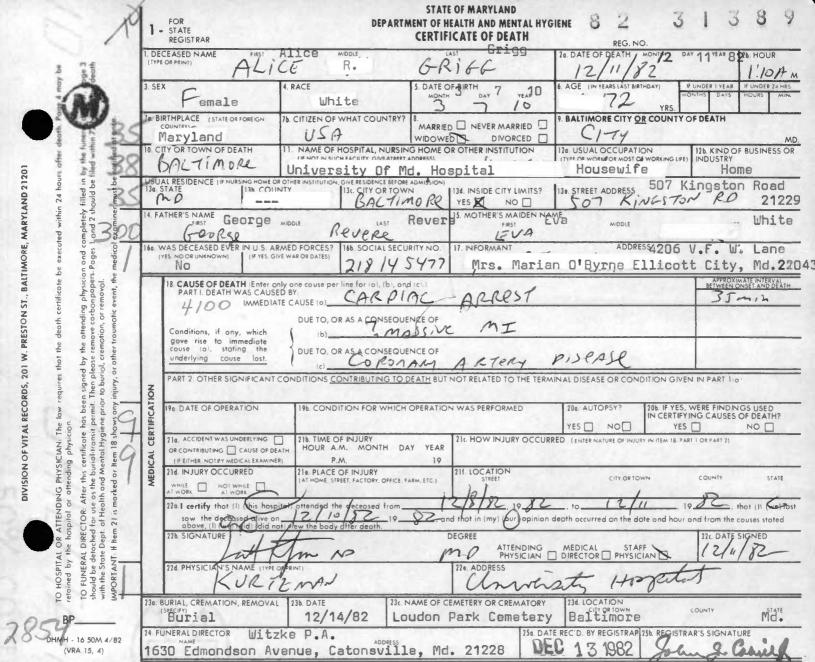
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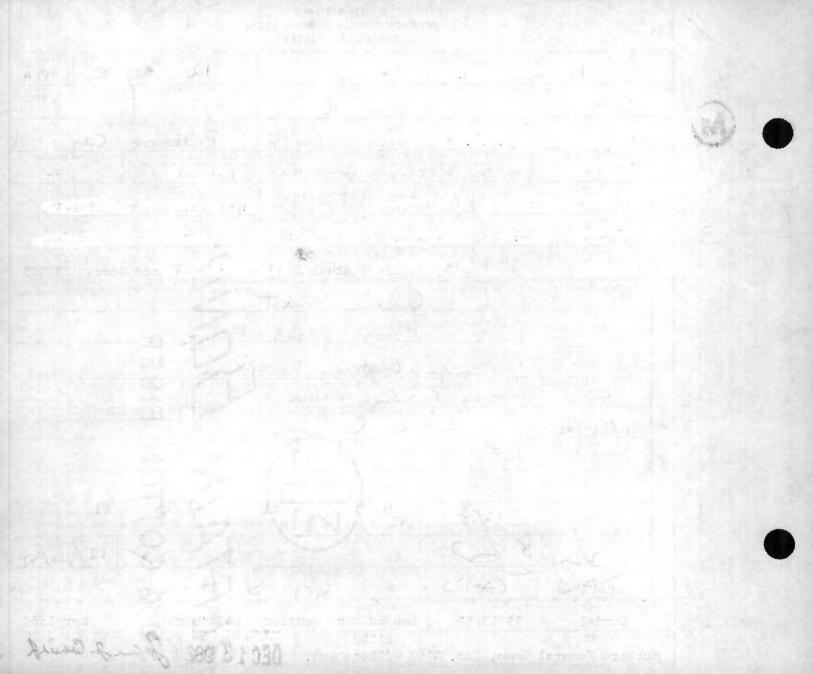
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noy be poge 3		CEASED NAME FIRST DOT I	s Vi	rginia.		iffith	December 2,	1982 2 A M
ge 4 mo	3. SE	Female	4. RACE Wh	ite	S. DATE C	12, 1919	6. AGE (IN YEARS LAST BIRTHDAY) 63 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Pa	5	Maryland		S.A.	MARRIE WIDOWE	NEVER MARRIED DI DIVORCED	Baltimore City or Coun	
by the fiftled with	E	altimore	2573	Marbour	ne A	rother institution Venue	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Clerk Supv.	12b. KIND OF BUSINESS OR INDUSTRMONTG — omery Ward
AND 21	130 M	- -	OR OTHER INSTITUTIO UNITY I/A	Baltimo	re	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 212 2573 Mar bo	120
maryl ted within ompletely and 2 s		ATHER'S NAME FIRST Walter	MIDDLE F.	Harm:	s	15. MOTHER'S MAIDEN NA/ FIRST Laura	Beatrice	Tucker
be execu			ARMED FORCES? GIVE WAR OR DATES! V/A	215.09			ghter-ADDRESS116 Dara V. Gosne:	
W. PRESTON ST., BAI of the death certificate by the ottending physicis se remove corbon paper c. cremotion, or removol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU!	SED BY: ATE CAUSE (o)	ORAS A CONSEQUI	Massi NCE OF Least			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE CONTROL OF THE C
Iow requires the standard from the please of prior to buriol requires the remit. Then please prior to buriol to the standard injury, or the standard i	CERTIFICATION	PART 2. OTHER SIGNIFICANT	RC, ta		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110 ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require offending physicion. After this certificate has been signs the buriol-tronsit permit. They have demand Hygiene prior to be orked or them 18 they require injury.	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK	DEATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE, F	AY YEAR 19	21c. HOW INJURY OCCURR 21f. LOCATION STREET		YES NO
AL OR ATTENDIO the hospital or AL DIRECTOR: A detached for use ofe Dept. of Heal II; if them 21 is m		220.1 certify that (1) (this has sow the deceased glive cobove(1))(we) (did) (did 1) 22b. SIGNATURE	not) view the bod			DEGREE	death occurred on the date and his	our and from the couses stated 221. DATE SIGNED 12/2/3
HOSPITAL HOSPITAL TO FUNERAL Hould be deter with the Stote		22d PHYSICIAN'S NAME (TYPE	>0 Q U			4000 ANNAP	OLIS PJ., BALTIK	uone, Md. 21227
25 /BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		c. 82 Lo	udon	Pk. Cem.		
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	Singleton F	uneral	Home	Glen M	Burnie 250.	C 7 - 182	STRAR'S SIGNATURE

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6	1	FOR STATE REGISTRAR		DEF	PARTMENT OF	E OF MARYL HEALTH AND FICATE OF	MENTAL HYG	IENE 8 2	3	1 3	9 0
		CEASED NAME 1951		WIDDLE		LAST			MONTH DAY	YEAR	2b HOUR
e 7 f	1	HER	MAN	E.	GR	IMM		12	/10/	82	11:45 AM
4 moy	3. 58	x Male	4 RACE Wh	ite	5. DATE (YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
000	7 scale	RTHPLACE MATE OR FOREIGN	76 CITIZEN OF			14	05	3ALTIMORE CITY O	YRS	C DE ATIL	
e fun	Ma	ryland	U.S.	Α.	WIDOW		IVORCED K	1 7 1	imone	City	MD.
- 40 4 p	1	11 OR TOWN OF DEATH		JCH FACILITY, GIVE	URSING HOME (ESTREET ADDRESS)	GCO.	HOSP	120 USUAL OCCUPATION OF SOME PARTY OF WORK FOR MOST OF MECHANIC		12b. KIND OF INDUSTRY	BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 THE PROPERTY OF THE BOW CONTROL OF THE B	13a_	AL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION	130 CITY OF		13d INSIDE C	CITY LIMITS?	130. STREET ADDRESS 813 Scott	Stroot	2123	0
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BAL system appropriate the state of the stat		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	er line for (o), (b) and (c)					BETWEEN ON	ATE INTERVAL
ST.,			IATE CAUSE (o)		Cardia	u (Teams				
NO 4 PRO N		1519	DUE TO, O	DR AS A CON	SEQUENCE OF						
deco deco		Conditions, if ony, which	(b)_		Chron	172	Reval	Failure	Or.		
W. PR by the cremm cremm other to	1	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	OR AS A CONS	SEQUENCE OF	bois	(-ivoma	731		
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0 1115	CERTIFICATION	190. DATE OF OPERATION			HICH OPERATIO			20a AUTOPSY?	20b. IF YES, V	VERE FINDING	SS USED
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大学を	8	210. ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY				ED (ENTER NATURE OF INJUR			140
OF THE STATE OF	_	OR CONTRIBUTING CAUSE OF	DEMIN		H DAY YEAR	100					
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VISI	¥.	WHILE NOT WHILE AT WORK			OFFICE, FARM. ETC.)	STREE	1	CITY OR TOV	VN	COUNTY	STATE
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RECIPE of Ppt. of		27h SIGNATURE	not will both	y ofter death.		DEGREE				22c. DATE S	
the H the H tt DIR tt DIR te Der		4/1-	1 &	2		,	ATTENDING _	MEDICAL STAF		12/	10/5
Z 50 0 Z		22d. PHYSICIAN'S NAME (TYP	E OF ENTIRE LA	~		22e ADDRES	PHYSICIAN [DIRECTOR PHYSIC	AN LY	1 /	10/67
TO HOSPITAL etoined by to TO FUNERAL should be det with the Store		DAN	CA	CSM		7 /		< Hann	n.140 n	5	Buthmere
Shoot Shoot	230	BURIAL, CREMATION, REMOV.			23c. NAME OF C	EMETERY OF	CDEMATORY	23d LOCATION	5.0	/	
BP	aJu, I	Burial	12/13	/82			CREMATORY Cemetery	CITIL OR TOURS		Ma YINUO	ryland
101	24 F	JNERAL DIRECTOR	12/13	102				REC'D. BY REGISTRAR		PIC CICNIATU	Lyland
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME	1 77	ADD	212				SA CA	RSSIGNA	milk
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	0.						
(TYPE OR PRINT)				MIDDLE		LAST		20. DATE OF DEATH MONTH			DAY	YEAR	26 HO	UR		
		EDNA		L.	GI	ROFF				XIZ	11	87	8:	+ SAM		
3. SEX			4. RACE			5. DATE OF BIRTH			ARS LAST BIR	THDAY)	IF UND	ERIYEAR	IF UNDE	R 24 HRS		
Female			White		7	7 6 1892			90			DATS	HOURS	MIN.		
	SIRTHPLACE (STATE OF	RFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		X	9 BALTIMOR	E CITY O	R COUN	TY OF DE	EATH				
Maryland			U.S.A		MARRIE	MARRIED NEVER MARRIED			Baltimore					City		
	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSII	NG HOME C	OR OTHER INS	TITUTION	12a USUAL C	CCUDATI	011	Lin	KINDO	F BUSIN	MD.		
6	Saltin TAL RESIDENCE IN NUE	100ce		Baltimor		eral Ho	spital	Machi	ne 0	perat	OT BO	DUSTRY)	Id.	Pape		
73a. Ma	aryland	130 COUN A.A	ITY	Give residence befor 13c CITY OR TOV Glen Bur		13d INSIDE (NO T	13e STREET A	DDRESS iema	n Dri	ive	210	61			
14. F	George		MIDDLE	Grof	£		S MAIDEN NA FIRST NNA	AME	MIDDLE			LAS	Smit	h		
160 WAS DECEASED EVER IN U.S. A			MED FORCES?	166 SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS								
(15 YES, GIVE NO NO UNKNOWN)			E WAR OR DATES)	212-01-	2-01-6117		Howard R. Bi		icking 1531		Tieman Driv		ve	e 2106		
TIFICATION	Conditions, if any, which gave rise to immediate				ENCE OF		TO THE TERM		ORCONI		IVEN IN	PART Ito				
	19a DATE OF OPERATION 196 CON			DITION FOR WHICH OPERATION WAS PERFOR			RMED				FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO					
MEDICAL CERTIFICATION	21d. INJURY OCCURRED 21e. PLACE		M. MONTH DAY YEAR M. 19		216 HOW INJURY OCCURRED 211 LOCATION STREET			D (ENTER NATURE OF INJURY IN ITEM 18 PAR			RT I OR PART 2) COUNTY STATE					
	270.1 certify that (1) (this haspital) attended the saw the deceased alive an above. (1) (we) (did) (did nat) view the body (27b. SIGNATURE			19 82 and that in (my) (aur) apinion			ATTENDING PHYSICIAN [death occurred on the date and hour of the date and				9 2 , that (1) (we) lost and from the causes stated 224: DATE SIGNED X12/11/82				
23a. I	BURIAL, CREMATION (SPECIFY) Buria		23b. DATE 12/14/8			Park Co	emetery	23d LOCAT	ION		COUN	Man	ryla	nd		

DHMH - 16 50M 1/81 (VRA 15, 4)

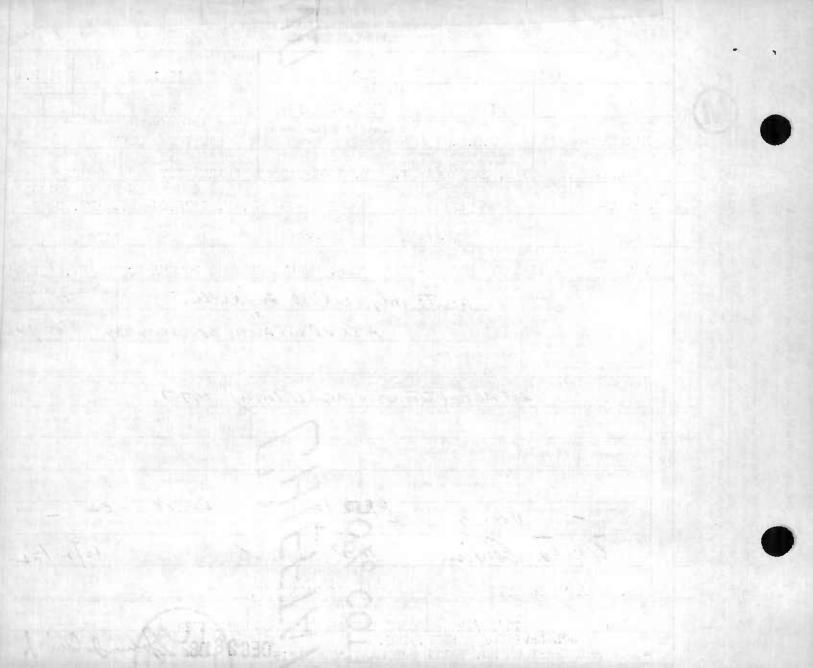
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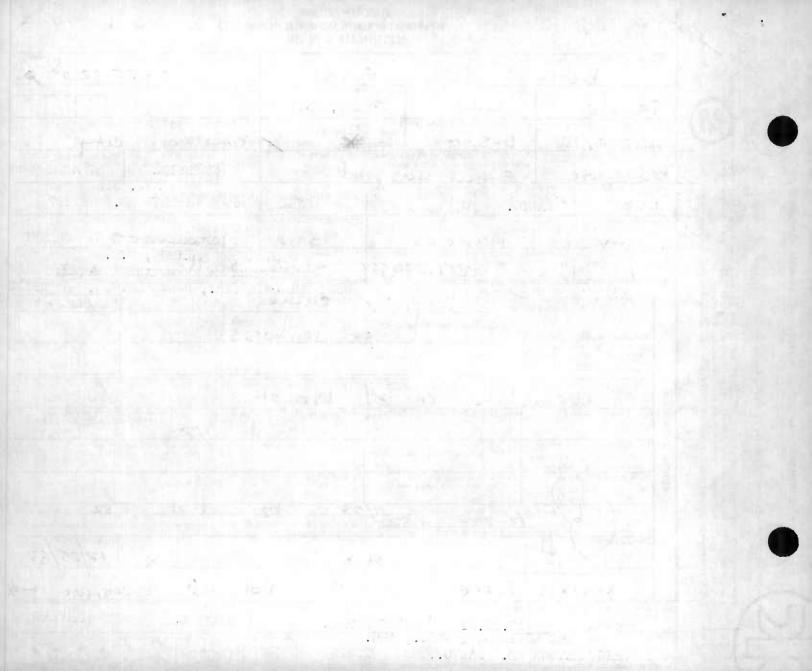
74 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE OF MARY! AND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 28 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS GROSS MALINOW ETT IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White JUNE 7 1914 68 I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON, DC BALTLUNOTE 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION. APT. 313 13c CITY OR TOWN 130 SIREEL ADDRESS ERTY RD. 21207 BALTO. of bours 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME POLSKI 160 WAS DECEASED EVER IN U.S. ARMED FORCES STANFORD MATEROW. M.D. 17. INFORMANT LYES. NO OR UNKNOWN (IF YES GIVE WAR OR DATES) NO TOLWORTH CIR., RANDALLS TOWN PROX MEDI INTERAL 133 18. CAUSE OF DEATH (Enter only one couse per line for jo), (b), and (c). PART I. DEATH WAS CAUSED BY Cource Iweek IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH EIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY DECLINE 21 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) 27 I certify that III (this haspital) attended the deceased from, 12-25-82, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death 77s SIGNATURE DEGREE 274 DATE SIGNES ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stat IMPORTANT 221L PHYSICIANS NAME 22e. ADDRESS ROFFE Herreos 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY SPECIBURIAL BALTIMORE MARYLAND ANSHE EMUNAH 12.27.82 SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 BALTO . MD 21215 6010 REISTERSTOWN RD. (VRA 15, 4)



6	-54	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 3	1394			
1		1. DECEASED NAME FIRST. (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR F			
may be			DLEY L. GI	ROSS	DECEMBER 19,19	11:50 M			
De de de		3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	I MC	FUNDER 1 YEAR IF UNDER 24 HRS			
tal of		male	Black	11 18 39	43 _{YRS.}				
deoth. Page	NY	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF BALTIMORE CIT				
o o o		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A THE JOHNS HOE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)					
24 holy		USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC Maryland	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS 8807 Drystraw Dr	rive 21045			
ed within		14 FATHER'S NAME FIRST George	MIDDLE LAST Hayes	15. MOTHER'S MAIDEN NA Annie	MIDDLE	Gross			
e execut	medical	160, WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECUL GIVE WAR OR DATES) 218-36-0		ADDRESS Gross 8807 Drystra	aw Dr.			
NG PHYSICIAN. The law requires that the death certificate be executed physician.	mil. Item please remove caroon prior to burio!, cremation, or removing on july, or other froumotic events.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) TO DITIONS CONTRIBUTING TO DE	NCE OF STEAM SYCKEN EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1/0			
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OSPITAL OR ATTENDI	d be deformed for use as make State Dept. of Health on RTANT: If them 21 is marked	220.1 certify that (I) (this has saw the deceased alive	aspital) attended the deceosed fram an analysis with body ofter death. PE OR PRINT	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	death accurred an the date and hour of the date and	that (I) (we) last and from the couses stated 22c. DATE SIGNED			
0 g 0	with the MPO	236. BURIAL CREMATION REMOV	<u> </u>	AME OF CEMETERY OR CREMATORY	123d LOCATION				
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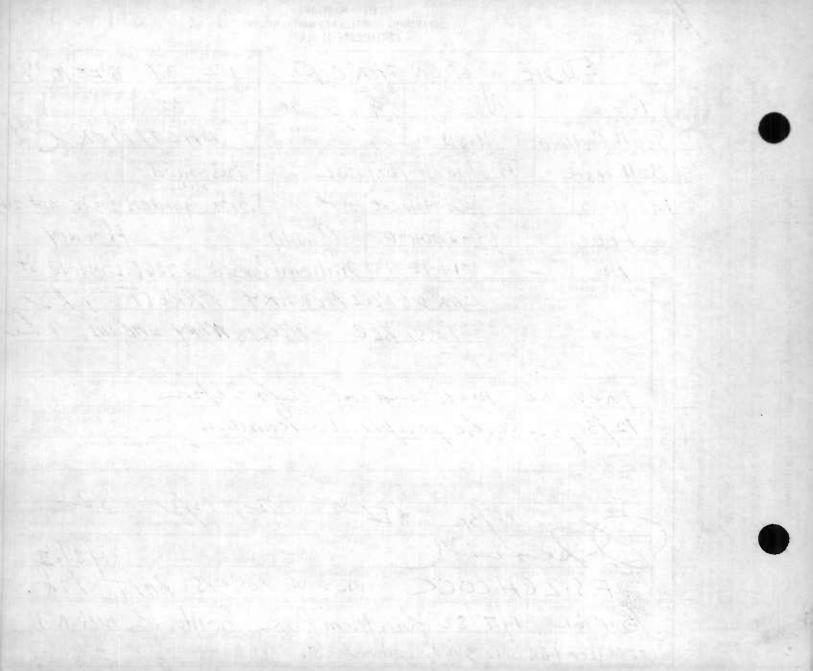
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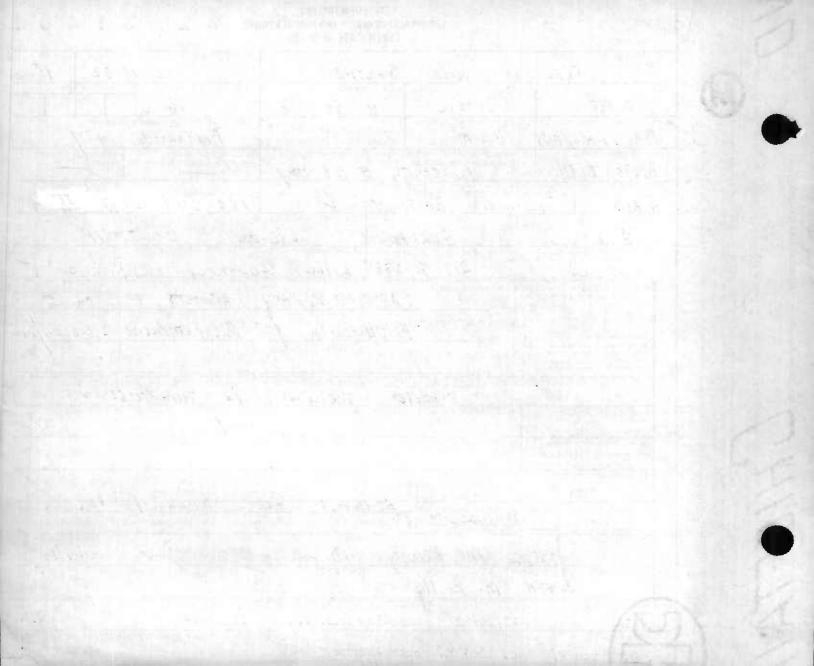
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4 %		CEASED NAME FIRST	ECT MIDDLE		NTHROP	20. DATE OF DEATH		YEAR 26 HOUR
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AL RECORDS he low requi on. t permit. The tene prior to I ows ony injur	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
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OR ATT OR ATT DIRECT Crhed fo Crhed fo Dept. of		obove, (I) (we) (did) (did no 226. SIGMA URE	ot) view the body after death		DEGREE ATTENDING	MEDICAL STA	220.	DATE SIGNED
HOSPITAL ned by th FUNERAL side be detected to the State ORTANT: I		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	MD	PHYSICIAN [DIRECTOR PHYSIC		2/53/85
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., ING PHYSICIAN: The low requires that the death certification physician. Wher this certificate has been signed by the attending phase the burial-transit permit. Then please remove corbona the and Mental Hygiene prior to burial, cremation, or remotive or them 18 shows any injury, or other traumatic even		Z PA	RT 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	G TO DEAT	BUT NOT RELAT	TED TO THE TERM	AINAL DISEASE				
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

